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WHERE DO YOU GO FROM here

HOMELESSNESS IN MARYLAND

WHERE DO YOU GO FROM Nowhere

August, 1986

DHR Department of Human Resources
Ruth Massinga, Secretary

A study of homelessness in Maryland commissioned
by the Maryland Department of Human Resources
conducted in 1985 by the Health and Welfare
Council of Central Maryland

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TABLE OF CONTENTS

Executive Summary 1

I. Introduction

Prologue 7
Acknowledgements 7
Organization of Report 8

II. Background

Who are the homeless? 9
Myths about the homeless 10
Homelessness in the United States 11
Homeless in Maryland 13
Maryland's response to a growing problem 14

III. Study Objectives and Methodology

Objectives 15
Study Limitations 15
Overview of Methodology 16

IV. Study Findings

Who are Maryland's homeless citizens? 23
How many homeless persons does Maryland have? 24
What causes Maryland citizens to become homeless? 26
Distribution of Maryland's homeless and characteristics of those sheltered 30
Shelter beds available 31
What is needed to address the problems of homelessness? 34
What is the extent of the unmet need? 36
Impact of government programs and policies 37

V. Conclusions 57

Appendices

A. Shelter Programs Surveyed and Responding 58
B. Shelter Provider and DSS Survey Instruments 60
C. Round Table Participants and Key Informants 68
D. Agencies Offering Estimates of Unserved Homeless Population 69
E. Directory of Shelter Agencies Identified 71
F. Survey Data by Local Jurisdiction 99

Bibliography 148

EXECUTIVE SUMMARY

Not only are there more homeless people in Maryland and throughout the United States than at any time since the depression of the 1930's; the homeless population is now more diverse, and includes individuals and families who are without shelter for a variety of reasons. Shelter providers report increasing numbers of the "new poor" — persons with long work histories who have lost their permanent housing because their jobs have disappeared and/or their benefits have expired.

In Maryland, where the homeless population closely resembles that of other states, racial minorities are disproportionately represented: 48 percent of the homeless seeking services are in this group, though they comprise only 23 percent of the state's population. Approximately one-third of the homeless population served in FY85 reported problems with alcohol or drug abuse, and one-fourth of the total reported mental illness—sizable percentages, but not the majority, as many people believe. Families represent 28 percent of the homeless served and people 30 years old and under represent 58 percent, the largest subgroup.

Maryland's homeless citizens are diverse

- In Baltimore City, a young mother with two children under three years of age could not afford to pay for rent with her $313 monthly public assistance allotment. She wandered the city streets with her children for a year before getting a place at Viva House, West Baltimore's nine-bed shelter for homeless women. Because this is a temporary emergency facility, they were able to stay only three weeks.

- An Eastern Shore man, after moving his family to Baltimore County in search of employment, was unable to find either work or shelter. He is living with his wife and two teenaged sons in an abandoned bus.

- A retired carpenter from Prince George's County, with no family ties and only a meager pension and Social Security benefits, is unable to afford permanent housing. He travels constantly.

- A middle-aged man from Western Maryland, after five years in a state mental hospital, is released with an aftercare plan that includes living arrangements in the home of relatives. A catastrophic illness in the family makes it impossible for them to keep him. He is not entitled to SSI benefits and, without income, housing or employment, he wanders from one emergency shelter to another.

- A family of five, driven out of their substandard apartment by rats, has been staying at a temporary shelter for weeks while they search for a decent, affordable place to live.

- An 18-year-old Annapolis girl, released from foster care but unprepared for her independence, is unable to find a job or a place to live with friends. Completely without resources, she has spent the past six months in a series of emergency shelters.

Numbers and distribution of Maryland's homeless

Since 1983 there has been a 45 percent increase in the number of persons sheltered in Maryland, with shelter providers reporting over 28,000 homeless persons served in 1985.

On *any given night* during FY85, about 2,900 Marylanders were homeless. Of these, approximately 1,200 sought shelter from service agencies and, on an average, 998 were given a bed for the night. An estimated 1700 persons never apply for services, often because adequate and appropriate services do not exist in their areas.

Baltimore City, where almost half of Maryland's poor people live, has the largest concentration (40 percent) of homeless people in the state. Other large concentrations of the state's homeless people are to be found in Metropolitan D.C. (22 percent) and the counties of Central Maryland (20 percent).

While rural jurisdictions with minimal services report fewer homeless citizens — Western Maryland has 9 percent of the State's homeless, Southern Maryland has 4 percent, and the Eastern Shore has 5 percent — there are uncounted numbers of "invisible" homeless people sleeping in abandoned barns, chicken coops and cars, under bridges and in the woods. *These statewide statistics do not include the many potentially homeless families and young people living either on the brink of eviction or already doubled up with friends and relatives for shelter, unable to afford places of their own.*

Factors contributing to homelessness

One of the most common misconceptions about homelessness is that people are without housing because they prefer to live that way. When an occasional street person refuses emergency shelter, the media may publicize the episode without asking disturbing questions about how the person came to be homeless in the first place.

In Maryland, 52 percent of those receiving shelter cited eviction or unemployment as the precipitating cause of their problems. Despite the drop in national unemployment statistics, there are still many unemployed and severely underemployed Americans living on the economic margin. And many unemployed people are not counted because they have despaired of finding work and have stopped looking.

Although Maryland is one of the wealthiest states, ranking 6th in per capita income, its public assistance payments rank only 27th in the nation. Current AFDC grants, supplemented by food stamps, provide only 78 percent of the income required for a minimal living standard (the State Standard of Need). GPA grants for single disabled adults are even lower, meeting only 58 percent of the Standard of Need when combined with food stamps. These grants are usually inadequate to cover the cost of housing and leave little or no money for other necessities such as food, fuel, clothing, and medical care.

For the more than 400,000 Marylanders living in poverty, the federal government's termination of housing subsidies has been disastrous. *A shortage of low-cost housing has been documented in every jurisdiction in Maryland,* and waiting lists for Section 8 and subsidized housing are discouragingly long. In Baltimore City, where problems are most severe, there is a 15-year wait; in Prince George's County, up to 10 years; and in rural St. Mary's, Calvert, and Cecil counties, 3 to 4 years.

Gentrification has exacerbated the problem in many places. The upgrading of aging neighborhoods has frequently led to a reduction in the number of hotels and rooming houses available to house the poor. *The Maryland Housing Policy Commission, in its March 1985 report, predicts a statewide deficit by 1990 of 38,900 units for households earning under $10,000, many of whom are single parents, blacks, and elderly people.*

Approximately one-fifth of homeless persons receiving shelter in FY85 had been deinstitutionalized from a variety of facilities (mental hospitals, general hospitals, nursing homes, prisons) without a plan to provide them with transitional housing or support services. *The deinstitutionalized chronically mentally ill, while not as numerous as they are generally perceived to be, represent a particularly vulnerable and needy sub-group of the homeless population.* Since the mid-1950's, Maryland has been releasing long-term patients from State mental hospitals, reducing the number of admissions, and shortening stays, as part of the nationwide trend toward community-based mental health care.

Unfortunately, while the hospital population has been substantially reduced, the State has not developed a community-based care system (including out-patient mental health services and supervised living arrangements) adequate to replace hospital services. Until the establishment in 1979 of Project HOME, the Department of Human Resource's program to find housing for deinstitutionalized mentally disabled people, few programs existed for this group; and people ill-equipped to cope with independence were being returned to society with almost none of the essential supports.

State mental health officials acknowledge that over 80 percent of Maryland's mental health funds are being used to care for the small portion of seriously mentally ill people residing in State hospitals. This leaves a large number of the chronically mentally ill almost without resources; and, for many of those people, emergency shelters, without trained mental health personnel, are becoming the institutional alternative to State mental hospitals. The transfer of a greater percentage of State funds from State mental institutions to community-based support systems seems an urgent prerequisite to the changing approach to mental health care.

Inadequate funding has not been the sole obstacle to the appropriate placement of deinstitutionalized mentally ill people in the community. Neighborhood resistance to the presence of halfway houses, group homes, soup kitchens and shelters has been very strong; and restrictive local zoning ordinances often prevent the establishment of such facilities. Any nearby facility for homeless people is generally seen as a threat to the image of the surrounding neighborhood. *Public education is needed to reduce fear and prejudice.* At the same time, to eliminate any realistic basis for neighborhood anxiety, *high standards of care must be developed and maintained within facilities.*

Without supervised housing, deinstitutionalized homeless people—not only the mentally ill, but elderly people coming out of hospitals and nursing homes, ex-offenders released from prison, substance-abusers in the process or in need of rehabilitation — are most likely to end up as sterotypical homeless "bums," sleeping in alleys and doorways, and often arrested and jailed for petty crimes.

According to service providers, 16 percent of the homeless people served in FY85 cited family conflict as their primary reason for seeking shelter. Domestic violence, alcoholism and drug abuse often lead to separation, leaving one or more family members, not merely homeless, but urgently in need of a range of special rehabilitative services and case management. For victims of spouse abuse, facilities are far from adequate despite a growing awareness of the problem.

Last year, in Baltimore City—in one shelter alone—there were over 1,000 women, many of them with children, who could not be sheltered. Some counties have small emergency shelters specifically for victims of spouse abuse; but many jurisdictions are able to provide only motel rooms—a costly and inappropriate expedient. And length of stay is usually restricted to a few weeks, not enough time to deal with the multiple problems facing these women and their children. Currently some effort is being made to develop transitional facilities where victims of family violence may remain for several months while they stabilize their lives and look for permanent solutions to their problems.

Government response to homelessness

Recognizing the increasing numbers and diversity of the homeless population, the 1984 General Assembly initiated legislation (HB 1415) to establish a State homeless service program — The Shelter, Nutrition, and Service Program for Homeless Individuals in Maryland. Funds for the program, administered by the Department of Human Resources, were acquired from State General Funds. The bill provided $480,000 in FY85 and $502,000 in FY86 to expand and plan for services for the homeless.

In addition, the Governor appointed a 16-member Advisory Board consisting of two members from each congressional district. A varied group of representatives from community agencies, charitable organizations, private provider groups, and interested citizens, the Board is charged with the responsibility for advising the Department of Human Resources on the distribution of funds, planning, and policy issues. Since September, 1984, the Board has held monthly meetings in various jurisdictions to receive testimony from local service providers throughout the state.

HB 1415, the first significant legislative move to address the needs of homeless people in Maryland, has established the necessary framework for action. *However, government is clearly the minority partner in funding services, with more than two-thirds of all shelter services provided in FY85 funded by charitable and religious organizations and private donations.* The State supports about one-sixth of all shelter services provided and the remaining one-sixth are funded by the federal and local governments.

> *“Since 1983 there has been a 45 percent increase in the number of persons sheltered in Maryland, with shelter providers reporting over 28,000 homeless persons served in 1985.”*

At present, there is no national policy or agency which addresses long-term considerations and underlying causes of homelessness. The only major commitment by the federal government to assist homeless citizens has been placed under the administration of the Federal Emergency Management Agency (FEMA)—an agency which deals with floods, hurricanes, and comparable disasters. Consistent with FEMA's orientation toward emergency services, Congress has appropriated funds for its Shelter and Food Program with stipulations that these funds be used only for emergency needs. On an ad hoc, year-to-year basis, outside the normal legislative process, Congress has appropriated FEMA funds to assist the homeless, a pattern which has inhibited long-range planning by local service providers. Also, while it does provide desperately needed dollars, the program has proven extremely cumbersome and expensive to implement. Based on a complicated voucher system, the distribution of grants requires its own bureaucracy in each state to handle all the paperwork.

Meeting the needs of Maryland's homeless citizens

Although the number of shelters has increased substantially since 1980, many people are still turned away from service. *In FY85 almost 200 people **per night** were reported turned away from shelters because of a lack of beds.* (Because many shelters do not record turnaways, the actual figure is probably much higher.) An estimated 1,700 homeless people ***per night*** do not even apply for shelter, because the appropriate facilities often do not exist in their jurisdictions. Statewide, there are 8 jurisdictions without shelters of any kind; 11 without shelters for men; 8 without shelters for single-parent families; 21 without shelters for youth; and 17 without transitional housing permitting 3 to 12 month residences. In jurisdictions where formal shelter facilities do not exist, or are overcrowded, the local departments of social services provide some emergency placements in motels or boarding houses. This response is often inadequate and inappropriate for the homeless person or family, in addition to being extremely costly.

The State Homeless Services Program represents a major commitment by the State government to address the needs of the homeless and has several important objectives, the foremost being the development of a continuum of housing options for homeless people, with a full range of case management services. While an adequate supply of permanent low-cost housing would answer the needs of a majority of Maryland's homeless and potentially homeless populations, *a substantial increase also must*

be made in the state's capacity for short-term shelter and transitional housing. More supervised facilities are needed for the mentally ill, physically disabled, and frail elderly; more halfway houses and group homes for alcoholics and drug abusers. In addition, specialized housing programs must be expanded for the growing number of battered spouses and children, runaway or abandoned youth, single men, ex-offenders and two-parent families. Facilities should be geographically distributed to ensure that rural as well as urban homeless citizens are being cared for, with no jurisdiction bearing an unfair burden for neighboring counties.

Almost without exception, people in need of shelter also require food and, in most cases, case management, a service which includes: referrals and sometimes more extensive help in finding permanent housing, and job training and employment; advocacy for benefits; medical and psychatric assistance; and educational and financial counseling. Not only do case management services promote a humane approach to the problems of homeless people; but they serve to minimize the length and number of episodes of homelessness experienced by any individual or family. *Thus case management should not be overlooked as a critical element in breaking the cycle of homelessness.*

Unquestionably, facilities such as emergency shelters are an absolutely essential response to the current homelessness problem. However they constitute, at best, only stop-gap, costly, relief responses; and they should not be seen as acceptible substitutes for low-cost permanent housing and supportive housing. *These alternatives must be made available to our homeless citizens if they are not to be relegated to a second-class status in our society.* Because the problems of homelessness are so closely linked with poverty, unemployment, and housing shortages, legislative intiatives are essential to: ensure an adequate supply of affordable housing; expand rent/mortgage subsidies and food programs; develop job training programs; and upgrade public assistance grants so they meet minimum subsistence levels.

There is an urgent need for cooperation and coordination among all responsible parties concerned with homelessness. *The public sector, at all levels, must assume greater responsibility for this problem and must augment funds* from the private sector. Non-profit and small charitable organizations often establish vital programs, only to have them cut back or eliminated because of a shortage of funds. Within each jurisdiction, the local government, public service agencies, and private organizations can pool knowledge and other resources to ensure the most effective delivery of services. Neighboring jurisdictions, where problems may be similar, but resources somewhat limited, can work together to develop regional programs and facilities, as is currently being considered in several Maryland counties.

If the ultimate objective of the State Homeless Services Program is to reduce the incidence of homelessness, all agencies dealing with related issues such as economic development, welfare, housing, education, health care and job training must be involved in the creation and implementation of long-term strategies. Unless effective action is taken to deal with the whole range of devastating social problems leading to homelessness, more and more Maryland citizens — families and young people among them — will be consigned to wander the streets, destitute and dependent on costly emergency services.

I. INTRODUCTION

Prologue

The Governor's Advisory Board and the Department of Human Resources (DHR) recognized the need for a comprehensive statewide study of the problem of homelessness in Maryland, to obtain accurate and current data as well as a statewide perspective on the problem. This report provides that data and perspective and will assist the Board and DHR in carrying out their responsibilities under the Shelter, Nutrition, and Service Program for Homeless Individuals, enacted by the Maryland General Assembly in 1984.

It should be stressed that this is the first such study conducted in Maryland and, as such, could not be fully comprehensive. Time and funding constraints meant that some areas of study could not be addressed and should be examined at a later date.

Although the study was commissioned by the Department of Human Resources, a service agency, the scope of the study went beyond service issues and extended to the major causes of homelessness. Essentially, those causes are poverty and a lack of affordable housing. Although much attention has been given to unemployment in Maryland, the existence of a major housing crisis is only now being recognized and discussed. Significantly, this report directs attention to the effects of the lack of affordable housing on low income families.

Acknowledgements

The completion of a study as complex as this one was possible only with the cooperation of numerous persons and groups. The provider community gave much in terms of time and effort and provided the basis for the study: the data. These professionals and volunteers generously shared with researchers their knowledge of the homeless population and the problems encountered in serving the homeless.

Recognition must be given to the Governor's Advisory Board Chairman, William F. Sprenger, and a smaller group of Board members as well as other volunteers and

Department of Human Resources staff who served on a study sub-committee of the Board. In addition to these groups, a number of individuals served as sounding boards for ideas and concepts developed in the course of the study, shared professional and personal insights and, on more than one occasion, challenged assumptions or conclusions proposed by the study team. We extend our thanks to Harriet Goldman, Homeless Services program specialist for the Social Services Administration, who oversaw the study for DHR; to Dennis Affholter, former DHR director of Planning and Analysis, for his helpful technical suggestions about the study methodology; to Mary Azrael, consultant, for preparing the Executive Summary; and to Josephine Atwater, DHR Public Information Office, for publication design and production.

Arthur L. Sargent, director of Community Planning and Management Services, led the staff team from the Health and Welfare Council in the development of this study. Hope Gleicher, project director, Health Care for the Homeless Program, and William F. Griffith, planning consultant, assisted with data collection and analysis. Wanda Moses, Frances Szlachetka, and Claudia Fleming handled the word processing and other production duties.

Organization of the report

The report consists of an Executive Summary; four chapters providing background, methodology, findings, and conclusions; appendices; a bibliography; and other material, including county-by-county descriptions and estimates of local homeless populations.

II. BACKGROUND

Who are the homeless?

- In Baltimore City, a 48-year-old self-supporting cab driver experiences severe bursitis and an attack of dangerously high blood pressure. As a result he cannot work and, unable to pay fines on his traffic tickets, loses his license. Shortly thereafter, he cannot pay his rent and loses his apartment. He now lives in a temporary shelter where he may remain for one more week.
- A 29-year-old Prince George's County woman with two young children attempts to live on $363 per month, exhausts all her resources and is evicted. She and her children, after several months of living in the crowded apartments of family and friends, end up in an emergency shelter.
- In Talbot County, a 61-year-old man has been homeless off and on since his discharge from a State mental hospital in 1980. When his disability check is late and he has no money, he sleeps on the floor of a downtown office building. When he has money, he sleeps in a cheap motel. He has no family and spends most of his time aimlessly wandering the streets, carrying a plastic sack that holds a sweater, a shirt and shaving supplies. Local social workers are seeking to place him in a veterans' facility in Virginia.
- After four years of a marriage filled with domestic violence, a 24-year-old mother of three leaves her husband and moves back to Southern Maryland where she grew up. After four months she has not found a place to live. During the past month she has stayed, at different times, with a couple in their one-bedroom trailer, in a motel, and with a girl friend. She now stays in a two-bedroom trailer owned by a man who "knows she needs help".
- A young couple leaves Western Maryland with its high unemployment to look for work in Montgomery County, where relatives give them a place to live temporarily until they get settled. The young husband (and father-to-be) quickly

finds a job paying $700 per month, but most landlords insist that tenants earn the equivalent of one month's rent per week. After looking at many apartments, they are still unable to find an affordable place that will accept children. When the tension of living with relatives becomes unbearable, the couple moves into a local shelter.

Myths about the homeless

These vignettes clearly challenge many of the prevailing assumptions about the nature of the homeless population, the causes of their homelessness, where the homeless are found, and the adequacy of health and welfare services available to them. To refute these myths and assumptions the following facts emerge:

Assumption:
The deinstitutionalization of patients from mental hospitals is the primary cause of homelessness.
Fact:
The primary causes of homelessness among persons served in Maryland shelters in 1985 were unemployment (28 percent) and eviction (24 percent), both closely related to issues of poverty and housing. Only 14 percent of those served in Maryland shelters in 1985 were homeless due to deinstitutionalization from a mental health facility, according to service providers. This is not to say that they were inappropriately discharged, but that community facilities were inadequate to prevent these deinstitutionalized persons from becoming homeless following discharge.

Assumption:
Most homeless people are mentally ill and belong in mental institutions.
Fact:
About one quarter (26 percent) of those served in Maryland shelters last year were reported by service providers as having mental health problems.

Assumption:
The homeless are all drug addicts or alcoholics.
Fact:
An estimated 34 percent of those served in Maryland shelters last year had problems related to drug abuse or alcoholism.

Assumption:
Most homeless people are older derelict men who have chosen the lifestyle they follow.
Fact:
Last year, 36 percent of the persons served in Maryland shelters were female; 28 percent were in family groups; and 58 percent were 30 years of age and under. Of these, 22 percent were under 18 years of age, and 8 percent were preschool children.

Assumption:
Homelessness is an urban problem.
Fact:
On any given night, 60 percent of the estimated total number of homeless persons were located in suburban areas or rural counties, 42 percent were located in the suburban counties of Central Maryland and the District of Columbia; and another 18 percent were located in rural counties.

Assumption:
There are sufficient tax dollars to fund programs for the homeless.
Fact:
Private contributions funded 68 percent of shelter services

provided in Maryland in 1985. Emergency federal aid for shelter services in Maryland was exhausted by March of that year. Public assistance grants to homeless and other low income persons are limited to $141 per month for single adults, and $329 per month for a family of three.

Assumption:
There are plenty of shelter beds to serve the homeless population.
Fact:
On any given night during 1985, an average of 189 persons were turned away from Maryland shelter programs. In February 1985 this number rose to 228, even though emergency funding for shelter services is highest in the winter.

Homelessness in the United States

Identification of the problem Advocacy groups were the first to call attention to the problems of the homeless in national forums, most dramatically in congressional hearings in December 1982 and in *Homelessness in America: A Forced March to Nowhere* by Mary Ellen Hombs and Mitch Snyder, published in 1982. At approximately the same time, a number of local studies were conducted: in Albany (1983); Baltimore (1981, 1983); Boston (1983); Denver (1983); New York (1982); Philadelphia (1983); Portland, Oregon (1983); and Phoenix (1983).

In January, 1984, the United States Conference of Mayors' Task Force on Joblessness and Hunger reported that the demand for shelter in 1983 had increased by an average of 38 percent in 18 of 20 cities surveyed. Unemployment was cited as the primary cause of homelessness.

Media attention
Meanwhile, the plight of the homeless population was receiving increasing attention in the media. Cover stories appeared in both *Time* and *Newsweek* magazines, and local newspapers carried numerous articles. With the increasing attention, a debate arose about the necessity for federal intervention.

> *"... existing resources — emergency shelter, transitional housing, supportive housing, physical and mental health care, case management services, and affordable permanent housing — are inadequate."*

The HUD study A sanguine view was reflected in *A Report to the Secretary on the Homeless and Emergency Shelters* published in May 1984 by the U.S. Department of Housing and Urban Development (HUD). HUD estimated that, on an average night in December 1983 and January 1984, the total number of homeless persons in the nation ranged between 250,000 and 350,000. Furthermore, HUD asserted that the prospects for these persons were improving since their homelessness was of recent origin and could be expected to be resolved by the recovering economy. However, HUD did acknowledge that the rapid proliferation of shelters in the winter of 1983-84 could not keep pace with the problem, for there were only half as many shelter beds as persons in need of them.

The HUD estimates and the methodology used in developing them were attacked by many as being deliberately biased in order to discount the seriousness of the nation's homeless problem. In congressional hearings in May 1984, critics charged that as many as two to three million persons were homeless on an

NO TRESPASSING
No Drinking on My Steps

average night during the winter of 1983-84, ten times the HUD estimate. The hearings seemed to discredit both the HUD methodology and the resulting estimates of the number of homeless persons. No consensus emerged, however, as to the number of homeless persons, and the debate continued.

As this controversy continued, many advocates for the homeless began to fear that debate would replace action on behalf of the homeless. In an address to a conference co-sponsored by the Maryland State Bar Association on February 22, 1985, Robert Hayes, counsel to the Coalition for the Homeless in New York, voiced this concern. He faulted "federal, state and local policy makers . . . for tossing blame back and forth like a hot potato" instead of acting. Nonetheless, the disagreements continued.

The GAO study The U.S. General Accounting Office (GAO) observed in its report, *Homelessness: A Complex Problem and the Federal Response* (April, 1985), that:

> "No one knows how many homeless people live in the United States . . . there is much disagreement over how big the problem is. Estimates range from a low of 250,000 to 350,000 nationwide by the Department of Housing and Urban Development (HUD) to a high of two to three million by the Community for Creative Non-Violence. Although widely reported, the reliability of both of these estimates is questionable."

Although the GAO report indicated general agreement among all parties that homelessness was increasing, there was no consensus on the size of the increase. GAO also noted general agreement that the composition of the homeless population was changing to include larger numbers of families with children, juveniles, and young adult males. Furthermore, it was agreed that the problem was no longer confined to the inner cities of large metropolitan areas, for it was being reported more and more frequently in suburban and rural areas. As further evidence of this change, the *Washington Post,* in February, 1985, reported that shelters in the suburbs outside the District of Columbia were being inundated by the working poor.

Homlessness and the economy A report by the United States Conference of Mayors, *Homelessness in America's Cities* (1984), found that even though unemployment had dropped in ten cities studied, the population in need of shelter had increased. *Most disturbing was the finding that 30 to 60 percent of persons in shelters had marketable skills.*

Federal response The first national initiative came in the form of the Federal Emergency Food and Shelter Program (FEMA) created by the FY83 Urgent Supplemental Appropriation Bill. This program has been renewed through September 1986 with a total of $291 million appropriated since 1983. To date a total of 3,627 voluntary agencies have been involved in the program; however, given FEMA's primary emphasis on emergency assistance, the program holds little, if any, promise of solving the long-term, root causes of homelessness in the nation.

Homeless in Maryland

During the years in which homelessness emerged as a national concern, the problem began to gain serious attention locally. Shelter providers, local departments of social services, representatives of community social service agencies, and representatives from the religious community organized around the issue of homelessness in various jurisdictions. As local groups struggled to provide for the hungry and homeless, the media focused on the growing problem throughout the state.

The surveys upon which most of this report is based indicate that shelter programs in Maryland do not meet the demand. ***On an average night in FY85, 998 persons were served in shelters, while another 189 persons were turned away, primarily due to the lack of space.***

Further, it is conservatively estimated that an additional 1,700 Maryland citizens *per night* need shelter but do not present themselves for services. Some are too physically or mentally impaired to do so; others are unaware of existing services, but most realize that *appropriate services do not exist in their areas.*

Maryland's homeless population, like that of the United States as a whole, is becoming younger (the majority are 30 years of age or under), and includes increasing percentages of women (36 percent) and family groups (28 percent).

Maryland's response to a growing problem

Governmental response was forthcoming on both the state and local levels. As early as 1980, the General Assembly created a model emergency shelter program for single women that was started in the YWCA in Baltimore. Some of the needs of homeless women were addressed through State programs for women's services. Meanwhile, some counties provided funds to local shelter programs. The Baltimore City Council established a Task Force for the Homeless. In October 1983, the Task Force recommended that the City provide up to $100,000 a year from Community Development Block Grant Funds for capital and rehabilitation expenses of local shelters and that 50 Section 8 housing certificates be set aside for the homeless. In addition, the Task Force recommended the creation of a quasi-public entity — Project Shelter, a citizen's coalition — to raise funds for a local shelter to be staffed for three years by the United Way of Central Maryland. Frederick and Montgomery counties completed local studies.

Distressed by the growing problem of homelessness in their local communities, concerned citizens and service providers approached various members of the General Assembly and the Governor's office. The General Assembly responded in 1984 by enacting legislation (HB 1415) to establish a statewide program — the Shelter, Nutrition, and Service Program for Homeless Individuals in Maryland. Administered by the Department of Human Resources, the program has operated for two years; first year funding was $480,000.

The legislation also provided for the appointment, by the Governor, of a 16-member Advisory Board consisting of two members from each congressional district in Maryland. The Board was charged with advising DHR on the distribution of funds, future planning, and policy issues. Its membership included representatives of community service agencies and charitable organizations, as well as interested citizens. Beginning in September 1984, the Board held public hearings throughout the State to gather information on the problem of homelessness and to focus community attention on these issues. The Advisory Board also assisted the Department in developing program regulations and implementing the FY85 and FY86 grant programs which distributed funds to all local jurisdictions in each of the two years.

In FY85, the Department allocated over 90 percent of its funds to the counties and Baltimore City to serve homeless persons. The remainder was divided between administrative costs and the cost of a statewide study on homelessness. Six jurisdictions used their funds to maintain, expand or renovate shelters; four jurisdictions combined their grants with local funds to develop new shelters. Jurisdictions without formal shelter facilities used funds to provide emergency services such as lodging in motels, food, transportation and rent or mortgage assistance to homeless or imminently homeless citizens.

During FY86, the Department distributed $450,000 to help support services in every jurisdiction in the state. In 18 jurisdictions, emergency services were augmented or expanded; 30 shelters received program funds; and, in three counties (Anne Arundel, Baltimore and Carroll), State funds in combination with local funds will be used to open new shelters. The Board continues to assist DHR in monitoring contracts, overseeing the statewide study of homelessness, participating in the legislative process, and fostering cooperation and coordination among all parties concerned with the problem of homelessness.

III. STUDY OBJECTIVES AND METHODOLOGY

Objectives

The Governor's Advisory Board and the Department of Human Resources (DHR) determined that a statewide study of homelessness was necessary in order to provide accurate, current data and a statewide perspective, both essential for planning future services.

DHR has commissioned this study for the following objectives:

1. to determine the average number of homeless persons *on any given night* in each jurisdiction and statewide, including those receiving shelter services and those without shelter services
2. to describe the characteristics of the homeless population
3. to determine the existing resources in each jurisdiction, the number of persons served, and the number of persons turned away from service
4. to assess the unmet shelter need in each jurisdiction and statewide
5. to identify support services needed by homeless individuals in order to maintain an independent life style
6. to assess the underlying causes for homelessness in Maryland
7. to describe State and federal agency programs that impact on the problem of homelessness, and to identify programmatic or policy barriers to serving the homeless
8. to describe the types of housing needed by homeless individuals, with emphasis on low cost and subsidized housing and supported housing for the disabled homeless

Study Limitations

This is the first formal assessment of homelessness in Maryland ever undertaken. It was a pioneer effort intended to provide an accurate and perceptive overview of a significant social problem. However, certain limitations have affected the work:

- Because time allotted for the Study was brief and funding severely limited, it was not possible to survey jails, detention centers, hospital emergency rooms, detoxification centers, pre-release work centers, parole officers, church-based programs, or citizens' committees. Therefore, the numbers of persons reported served, as well as the estimates of unserved homeless persons, are ***minimum numbers***. Limited time and resources also prevented investigation of the number of homeless Maryland citizens seeking shelter in adjacent states or the District of Columbia. The *Prince George's County Journal* reported in November, 1985 that 38 percent of the residents in a District of Columbia shelter were from Prince George's County.

- It cannot be assumed that all service providers surveyed kept consistently detailed records in the format required by the survey instrument. Any survey instrument must be brief enough that providers will respond, yet detailed enough to be useful. For this reason, it was not possible to make fine distinctions among the various causes of homelessness, e.g., between persons who were homeless after release from a mental hospital and those homeless persons who suffer from mental illness but have not been hospitalized.

- This report does not attempt to quantify the much larger group of Maryland citizens at risk of becoming homeless. This group includes at least the following:
  —the 4,000 persons released from State correctional facilities each year, many of whom have no jobs, family support, or homes.
  —a large number of persons released from psychiatric wards of community general hospitals. No absolute data exists, but the annual cumulative figure for such discharges is 23,500.
  —the 7,200 persons discharged each year from State and private mental hospitals, some of who leave without adequate housing arrangements, jobs, or family support.
  —the large number of persons who are evicted each year, many of whom will find affordable housing only with great difficulty. Indicators of this problem are the low vacancy rates for rental units found in Baltimore City, Anne Arundel County, Southern and Western Maryland and other areas of the state.
  —the unspecified number of persons leaving detoxification centers, special residential programs, training schools and foster care. These people, often unprepared to live independent lives, are at high risk of becoming homeless.

Overview of methodology

Certain valuable sources of information were readily available, including:

- studies previously conducted in Maryland, in other states, and by national organizations (see bibliography);
- articles from the print media;
- testimony from representatives of governmental and voluntary agencies, presented at hearings conducted throughout the state by the Governor's Advisory Board from the fall of 1984 through the summer of 1985; and
- the viewpoints of persons serving on the Advisory Board, staff of the Department of Human Resources, and other key informants (persons with special expertise regarding homelessness).

Other information had to be gathered specifically for this study. Service providers throughout the state, judged to be the most authoritative source, supplied information through mail surveys and through three round table discussions held in various regions of the state. Finally, some of the needed information was developed through the use of selected demographic data.

The remainder of this section describes the principal types of information and the methodological approaches used.

Data obtained from surveys and round table discussions Surveys and round table discussions with provider organizations were most useful in determining the:

- number of persons sheltered (Objective 1);
- number of persons turned away because of inadequate beds (Objective 1);
- characteristics of persons sheltered (Objective 2);
- support services needed by currently homeless persons to reestablish independent lifestyles (Objective 5);

- underlying causes of homelessness in Maryland (Objective 6); and
- types of housing needed by homeless individuals (Objective 8).

Methodology for counting persons sheltered and turned away Collecting accurate and complete information on the number of persons sheltered, as well as the number of persons turned away from shelter, could have been accomplished either through a one-night census or by a survey of service providers. A one-night census would have resulted in unchallengeable data. However, a census in the summer months, the period when the data collection was done, would not have yielded results representative of the shelter population throughout the year. Furthermore, implementing a statewide, one-night census would have been cumbersome and difficult under the best of circumstances.

A survey of service providers, on the other hand, offered the opportunity to collect data representative throughout the year and was manageable within the time and resources available for the study. Furthermore, the credibility of using a survey was enhanced by the experience of the statewide study completed in New York in the fall of 1984. The New York study had been well received and, when published, was generally regarded as setting a standard for such studies.

Since the time and resources available did not allow conducting both a one-night census and a survey, it was decided that the objectives of the study could best be met through the use of a mail survey of shelter providers.

Definition of shelter providers Shelter providers were understood to be any public or private organization or group engaged in providing shelter, food, or other services to homeless persons regardless of whether the shelter was provided in motels, hotels, boarding houses, private homes, or formal shelters. A mailing list was developed using MAIN (Maryland Automated Information Network, a computerized file of detailed information on all human service agencies and programs in Maryland) augmented with information provided by the Social Services Administration of the Department of Human Resources.

The survey procedures A total of 89 private shelter providers were identified and surveyed by mail. All but eight providers responded either by mail or through telephone followup efforts. (See Appendix A for a list of agencies surveyed and non-responding agencies). From the perspective of a statewide study, none of the eight non-responding agencies were major service providers, and their failure to respond did not represent a major deficit in efforts to secure data for this study.

The survey (see Appendix B) sought the following information: types of service provided, target population served, capacities and volume of service provided, sources of financial support, characteristics of sheltered clients (age, race, sex and primary cause for being homeless), turn-away experience, estimates of unserved homeless persons *on a given night* in the jurisdiction, assessment of essential services needed by homeless persons, and identification of populations not adequately served. Providers were asked to state the average number of persons sheltered and turned away *on a given night* in the months of August and November 1984 and February and May 1985. Providers also were asked to indicate the total number of persons served in FY85, FY84 and FY83.

All local departments of social services (24 jurisdictions) were surveyed by mail, and all responded. The questionnaire used with these departments (Appendix C) was tailored to their referral and purchase activities, since only the Carroll County Department of Social Services operates a shelter.

Since not all agencies surveyed maintained data in the detail or form required by the survey the study team decided to follow the practice used in the New York State study and asked these agencies to provide estimates based on their day-to-day work experience.

The round tables Three round table meetings were held with service providers in Central Maryland, Western Maryland, and the Washington suburban area (see Appendix D for a list of participants). At each of those meetings, participants were asked to consider several questions in relation to the following homeless client groups — unemployed persons; victims of eviction/foreclosure and family violence; deinstitutionalized mentally ill or retarded persons; ex-offenders; drug/alcohol abusers; transients (including migrant workers).

- What barriers (statutory, regulatory, programmatic or in-practice) do you encounter when providing service?
- In what public agency(ies) do these barriers originate?
- What public policies and procedures (both formal and informal) contribute to the causes and/or problems of homelessness?

Data collected in the round tables was used in formulating findings relative to the impact of government programs and policies on the problem of homelessness.

Data developed through use of the Delphi Technique Data needed to respond to certain study objectives were not susceptible to statistical counts. These items included:

- services needed by homeless persons (Objective 5);
- policies that impede responsive service delivery (Objective 7); and
- numbers of persons unserved (Objectives 1 and 3).

The nature of such data led to the decision to use a variation of the Delphi Technique, a methodology which surveys experts in a field (in this instance, providers of services to the homeless and other knowledgeable persons), then analyzes and collates responses to find a common theme or area of agreement.

The Delphi Technique offers two strengths: it provides a means for answering questions which cannot be answered statistically; and it provides answers based on the expertise of persons with credible personal knowledge of the subject being investigated. The Delphi technique is a standard research method widely used in both the public and private sectors, especially in social and economic research. The Office of Management and Budget and the Government Accounting Office are two federal agencies which frequently use variations on the Delphi technique. Private industry also makes wide use of the technique, especially in developing forecasts for the future performance of the economy.

Services needed and barriers to service delivery The round table discussions provided expert opinions on the range of services needed by homeless persons and barriers to responsive service delivery. Those data then provided the basic resources for application of the Delphi Technique.

Definition of unserved persons Estimating the number of homeless persons unserved *on a given night* proved to be the most difficult task. The total number of homeless persons unserved on a given night exceeds the number of persons turned away from service, because many homeless persons do not request shelter services. Many reasons may account for this behavior and are readily identifiable. For example, if the shelter services available in an area are restricted to a specific population, such as victims of domestic violence, homeless men are unlikely to apply for service. Other homeless populations, such as the mentally ill, frequently will not seek shelter even if appropriate services are available. Others for reasons all their own, may choose not to request shelter service. *Therefore, persons turned away from shelters represent only a fraction of the number of unserved homeless persons.*

Other approaches to determining number unserved Studies reviewed in the course of this study used two basic approaches for estimating the total number of unserved homeless persons in a community. One approach was based upon street counts of homeless persons. The second relied on testimony and estimates by key informants. The street count method, used in three large cities, compared numbers of visible "street people" with the number of persons served in shelters to produce a ratio of served to unserved persons. In Boston, Pittsburgh, and Phoenix, counts produced ratios of 1.3 and 2.7 unsheltered persons for every person sheltered. In its 1984 report, the Department of Housing and Urban Development (HUD) derived a 1.8 average from these counts.

The New York State study on homelessness based its high and low estimates of the number of unserved homeless persons on the

Boston street count ratio of 1.3. The low estimate was derived simply by multiplying 1.3 times the average number of persons sheltered on a given night. The high estimate was developed by multiplying 1.3 times the average number of persons sheltered on a given night in those counties in the state with cities of 100,000 or more population, exclusive of New York City. The resulting estimate was then divided by the county population to yield a per capita figure, which was then used to develop an estimate of the state's unserved homeless population.

The use of a street count to estimate the number of unserved homeless persons is very attractive because it is based on empirical counts and the concept is easily understood. But the ratios reflect conditions in Boston, Pittsburgh, and Phoenix and may or may not be valid for other cities. The reliability of street counts also has been challenged on the grounds that it is impossible to determine the accuracy of such counts. The difficulties are as follows:

- homeless persons often need to be as invisible as possible. To become visibly homeless and without shelter is to become a target for authoritative intervention of unpredictable intent and outcome, as well as incurring judgement or victimization by passersby. Therefore, it cannot be assumed that all those outside of shelters will be accessible for counting.
- concern for the personal security of the enumerators.
- the fluid nature of the homeless population. The homeless population is constantly changing. As transients move on, people move from shelters to friends' apartments, others are evicted and end up on the street.

Given these shortcomings, the reliability of street counts for estimating the number of unserved homeless was judged to be less than adequate.

Delphi Technique In its 1984 report, HUD also developed estimates using the Delphi Technique of relying on key informants. In this approach, informed persons were asked to estimate the number of homeless persons or the number of unserved homeless persons. A composite estimate was then developed from all the individual estimates. Using this composite estimate to develop a factor for estimating the total number of homeless, HUD arrived at a factor of 6.5 per 10,000 people in jurisdictions with populations under 50,000, and a factor of 12 per 10,000 in jurisdictions with populations between 50,000 and 1,000,000.

Vulnerability indices In evaluating these two principal alternatives for use in Maryland, both seemed flawed because they ignored key economic, housing and welfare data that have a direct relationship to homelessness. Among the factors contributing to homelessness are unemployment, poverty, erosion of welfare benefits, lack of affordable housing, and substandard housing. Because these conditions vary from one jurisdiction to another, estimates of the unserved homeless population for the various jurisdictions should reflect the extent to which these contributing factors vary across jurisdictions.

Procedure selected for estimating those unserved in Maryland on any given night Evaluation of these alternatives led to the decision to use estimates from informed persons, but also to consider the following indicators of a population's vulnerability to homelessness for each jurisdiction: family poverty rates; number of households with incomes less than $10,000; unemployment rates; percentage of over-crowded and substandard housing; and the number of AFDC, GPA, Food Stamp, and other welfare recipients.

The first step in developing estimates of unserved homeless persons in each jurisdiction in Maryland was to rank the jurisdictions from high (1) to low (24) according to the above economic/welfare/housing data. Each jurisdiction then received a vulnerability "score"—the total of its ranks in all categories, the lowest scores indicating the greatest vulnerability.

The jurisdictions were then divided into four groups based on their vulnerability scores. Baltimore City, because of its unique character as a large urban center, was given its own group. The division between Group II and Group III represented a difference of 20 points (between Wicomico and Calvert counties), while the division between Group III and Group IV was made between Talbot and

Harford counties, a difference of 14 points. The division was made between Talbot and Harford because of the belief that Talbot had more in common with the counties in Group III than those in Group IV. The results are shown in columns 1 and 2 in Table 2. Having grouped the various jurisdictions in this manner, provider estimates of the average number of unserved homeless persons in each of the jurisdictions on a given night were then analyzed. A total of 56 estimates were received from 23 of the state's 24 jurisdictions (see Appendix E for a list of survey respondents providing estimates). Estimates are summarized in Table 1.

Table 1 — Provider Estimates of Unserved Homeless On A Given Night

Jurisdiction	Number of providers giving estimates	Range of estimates exclusive of the high and low estimates	Mode (Estimate given most frequently)
Group I			
Baltimore City	8	23 - 500	500
Group II	14	1 - 29	5
Group III	10	2 - 25	15
Group IV			
Small counties	10	3 - 20	5, 9 and 10
Large counties	14	4 - 250	250

The mode of survey respondent estimates was then used to develop per capita estimates. In the case of the small counties in Group IV, where there were three modes, ten was chosen as most representative of the estimates received. The process was accomplished as follows:

- **Baltimore City:** The mode of 500 was divided by the City population of 786,775, yielding a factor of 6.4 per ten thousand population.
- **Group II:** The mode of 5 was divided by the median population for the six counties of 28,561, yielding a factor of 1.8 per thousand population.
- **Group III:** The mode of 15 was divided by the median population of the nine counties of 30,889, yielding a factor 4.9 per ten thousand population.
- **Group IV, Small Counties:** The mode of 10 was divided by the median population of the four counties of 116,682, yielding a factor of .86 per ten thousand population.
- **Group IV, Large Counties:** The mode of 250 was divided by the median population of the four counties of 617,334, yielding a factor of 4.0 per ten thousand population.

Multiplying these per capita figures by the population of each of the jurisdictions resulted in estimates of the average number of unserved homeless persons *on a given night* (see column 3 in Table 2). The estimates have been rounded to the nearest whole number.

The next step involved adjusting provider estimates relative to the vulnerability of each jurisdiction's population to homelessness. Adjustments were warranted since provider estimates, of necessity, must be limited to what they see and experience. Thus, provider estimates cannot be assumed to reflect the degree to which the jurisdiction's population may be vulnerable to homelessness.

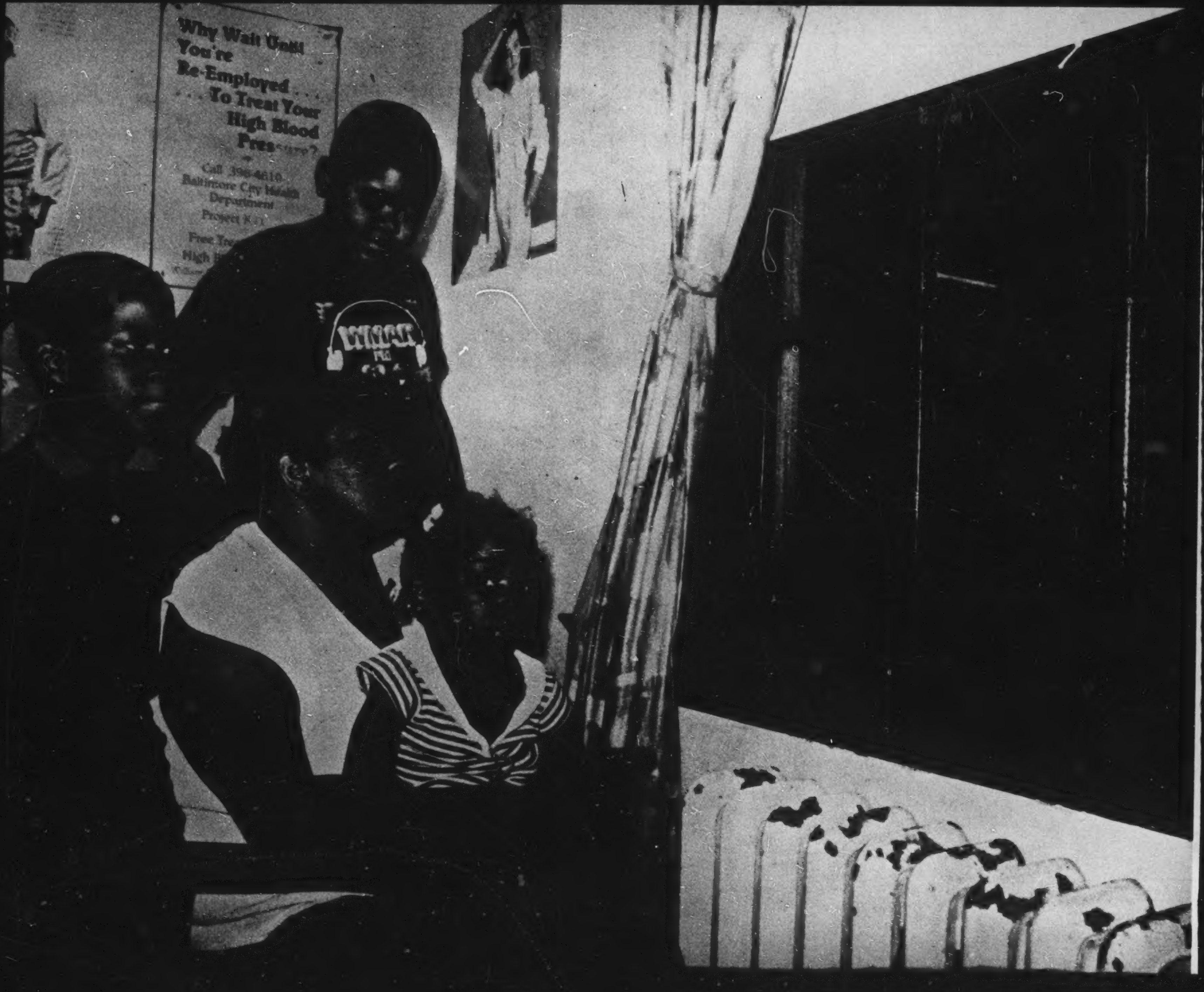
In the absence of any empirical basis for making the adjustments, the researchers relied on their best judgement, tempered by the opinion of other knowledgeable and informed persons. The researchers felt that increasing the City estimates by 30 percent, the Group III estimates by 20 percent and the Group II estimates by 10 percent and making no adjustments to Group IV resulted in a reasonable and realistic estimate of the unserved homeless population. This opinion was not completely shared by DHR staff or all members of the Governor's Advisory Board or its Study Subcommittee. Therefore, although the proposed estimates were accepted, it was agreed that they represent *very conservative estimates.*

Lending credence to the estimates and confirming the belief that they are very conservative is the fact that the estimate of 1,900 unserved homeless persons on a given night is bracketed by estimates resulting from applying street count ratios to the average number of persons in shelters in the state (998). Using the 1.3 ratio resulting from the Boston and Pittsburgh street counts yield and estimate of 1,300 (rounded) unserved homeless persons. Using the Phoenix ratio of 2.7 yields an estimate of 2,700 (rounded).

Table 2 — Estimates of Unserved Homeless Persons On A Given Night

Jurisdictions	(1) Population (1980 Census)	(2) Homeless vulnerability score	(3) Estimated average number of unserved *on a given night* (unweighted for vulnerability)	(4) Estimated average number of unserved *on a given night* (weighted for vulnerability)
Group I				
Baltimore City	768,775	18.0	500	650
Group II				
Somerset	19,188	29.0	3	10
Garrett	26,498	34.0	5	10
Dorchester	30,623	40.0	5	10
Allegany	80,548	57.0	14	20
Caroline	23,143	57.0	4	10
Wicomico	64,540	63.0	11	10
Group III				
Calvert	34,638	83.0	17	20
Worcester	30,889	83.0	15	20
Cecil	60,430	84.0	29	30
Kent	16,695	90.0	8	10
St. Mary's	59,895	97.0	29	30
Washington	113,086	100.0	55	60
Queen Anne's	25,508	103.0	12	10
Charles	72,751	107.0	35	40
Talbot	25,604	124.0	12	10
Group IV				
Small Counties				
Harford	145,930	130.0	13	10
Frederick	96,356	135.0	10	10
Carroll	114,792	164.0	8	10
Howard	118,576	190.0	10	10
Large Counties				
Prince George's	665,615	138.0	269	270
Anne Arundel	370,775	154.0	150	150
Baltimore County	655,615	154.0	266	270
Montgomery	579,053	173.0	235	240
				Total 1900*

*Rounded to closest 100.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IV. STUDY FINDINGS

Who are Maryland's homeless citizens?

Descriptively The study data show that the homeless population served in Maryland shelters during FY85 included battered women, elderly poor, single men, disabled persons, emotionally disturbed persons, unemployed people, families, and youths. Their state of homelessness was seldom the result of a single isolated event, but rather developed from a series of social and economic circumstances. For individuals or families living at the economic margin, it may take very little to push them into homelessness. For example:

- An individual or head of family employed at minimum wage in a job without provision for sick leave can easily lose his or her job through illness. Whether it be a minor illness or a chronic one, the loss of income may begin a slide into homelessness.
- Young people who have spent their formative years in foster care, frequently moving from one home to another, may leave foster care at the age of 18 unequipped with the necessary living skills to maintain an independent lifestyle. For some of these young people, coming of age means becoming highly vulnerable to homelessness.
- Many victims of domestic violence exchange the nightmare of a violent home life for the equally frightening experience of being without a job, skills, money, family support, or a home.
- Many single female heads of household with one or more children are barely surviving on benefits provided through the Aid to Families with Dependent Children (AFDC) program. In such circumstances, a raise in rent is likely to lead to eviction.
- A family may relocate with a promise of a job for the husband. When the job does not materialize and the family runs out of funds, they may end up homeless, living out of their car.
- When a group home resident suffers a relapse and is hospitalized in the psychiatric unit of a community hospital, the

Table 3 — Characteristics of the Number of Sheltered Homeless in Maryland, 1985

Characteristic	Sheltered population during FY85	Total State population 1980	
Age			
0-17	22%	28%	
18-30	36%	30%	(18 - 34)
31-60	34%	28%	(35 - 59)
61 +	8%	14%	(60+)
Race			
Black	48%	23%	
White	49%	75%	
Other	3%	2%	
Sex			
Male	64%	48%	
Female	36%	52%	
Family status			
Persons alone	52%		
Family groups	28%		
Unreported	20%		

group home may be unable to readmit him upon discharge. If an alternate placement cannot be found, he may be transported to a local mission. In such cases, department of social service staff maintain daily contact while seeking a solution, but often such persons leave the mission and subsequently may be arrested and jailed.

Obviously, not all victims of poverty, domestic violence, unemployment, mental illness, or substance abuse end up homeless. Many persons experiencing these difficulties avoid homelessness because of the support available to them through their families and friends. However, if these support networks are not available for some reason, the risk of becoming homeless increases dramatically.

Evidence suggests that many homeless persons move back and forth between unstable living situations, such as shared rooms or apartments, and homelessness. This group includes welfare recipients, persons earning a minimum wage, victims of domestic violence and youths who are forced to leave overcrowded homes. Those who are able to find small sources of income may rent a room for one night, only to be homeless the next night and forced to seek emergency shelter.

Statistically The data in Table 3 compare the age, race, sex, family and household status of homeless persons sheltered in Maryland during FY85 with the total state population.

Table 4 presents data related to the same characteristics, but illustrates differences between the more and less urbanized areas of the state.

Of the total sheltered population in Maryland during FY85:

- 58 percent were 30 years of age and under
- 22 percent were children (8 percent under age 6)
- 28 percent were in family groups
- 48 percent were Black
- 64 percent were male, 36 percent female

How many homeless persons does Maryland have?

Definition of a homeless person There is no single accepted definition of a homeless person. The broadest definition in current usage, developed by the National Institute of Mental Health, states that a homeless person is "anyone who lacks adequate shelter, resources and community ties." Researchers with the Community Service Society of New York expanded this definition to include ". . . those whose primary residence is in other well-hidden sites known only to their users." These definitions emphasize that the essence of homelessness is the lack of adequate resources with which to obtain conventional types of shelter. These resources may be economic, enabling a person to purchase shelter, or social, permitting him to share lodging with relatives or friends.

Because of the limited scope of this study, a narrower definition was used. A homeless person, for the purpose of this study, was one whose nighttime residence was:

- in a public or private emergency shelter (established shelters, military facilities, former schools, churches, government buildings, former fire houses, etc. or in a hotel, motel, apartment, or boarding home when funded through a voucher provided by a nonprofit or government agency); or
- in any other public or private space not designed for shelter. (the streets, parks, subways, bus terminals, railroad stations, airports, under bridges or aqueducts, abandoned buildings without utilities, cars, or trucks.

Number of homeless in Maryland The study does not attempt to quantify the total number of persons experiencing homelessness in the period of a year. Rather, it estimates the number of persons believed to be homeless *on any given night* during FY85. Of an average of 2,900 homeless persons seeking shelter on any given night, 1,000 were housed through some form of emergency or transitional shelter and 1,900 were unserved (see Table 5). The estimates of unserved homeless people include those who applied for shelter but were turned away, as well as those persons who did not request services. The former figures were obtained from the survey of service providers, while the latter were determined by the methodology described earlier.

The data in Table 5 clearly suggest that homelessness is not only an urban problem. While Baltimore City has more homeless people than any other single jurisdiction, the suburban Washington counties account for 22 percent, the five counties in Central Maryland account for 20 percent, and the less populated counties account for 18 percent of the state's homeless population.

Table 4 — Characteristics of Sheltered Homeless by County Size

	PERCENT OF THOSE SHELTERED IN		
Characteristic	Large counties* and Baltimore City	Small counties	Entire state
Age			
0-5	7	14	8
6-17	14	11	14
18-30	36	37	36
31-60	36	32	34
61+	7	6	8
Race			
Black	56	22	48
White	41	75	49
Other	3	3	3
Sex			
Male	65	63	64
Female	35	37	36
Family Status			
Persons alone	52	53	52
Family groups	27	34	28
Unreported	21	13	20

*Anne Arundel, Baltimore, Montgomery and Prince George's counties

Table 5 — Number and Distribution of Homeless Persons in Maryland, 1985 On A Given Night

Jurisdiction	Average number of homeless persons persons sheltered *on a given night* in FY85	Estimated average number of unserved homeless *on a given night* in FY85	Estimated total average number of homeless persons *on a given night* in FY85
Baltimore City	506	650	1160*
Central Maryland			
Anne Arundel	37	150	190
Baltimore	43	270	310
Carroll	8	10	20
Harford	18	10	30
Howard	11	10	20
			Subtotal 570*
Eastern Shore			
Caroline	1	10	10
Cecil	3	30	30
Dorchester	2	10	10
Kent	0	10	10
Queen Anne's	2	10	10
Somerset	0	10	10
Talbot	14	10	20
Wicomico	24	10	30
Worcester	7	20	30
			Subtotal 160*
Metro D.C.			
Montgomery	101	240	330
Prince George's	39	270	310
			Subtotal 640*
Southern Maryland			
Calvert	3	20	20
Charles	5	40	50
St. Mary's	5	30	40
			Subtotal 110*
Western Maryland			
Allegany	61	20	80
Frederick	28	10	40
Garrett	3	10	10
Washington	77	60	140
			Subtotal 270*
TOTAL	1,000**	1,900**	2,900**

*Totals have been rounded to closest 10.

**Rounded to closest 100.

What causes Maryland citizens to become homeless?

Summary The study sought answers to the question of the causes of homelessness in Maryland both through the survey questionnaire of providers (Appendix B-Question 2.3) and in the hearings and round tables at which expert testimony was given. The survey of providers produced the responses shown in Table 6.

Testimony at the Governor's Advisory Board hearings and round table meetings suggested that the primary cause for homelessness was the lack of low-income housing.

The following sections present a discussion of the nature of each of the causes.

Lack of low-income housing as a cause of homelessness

- The 1980 census indicated that 250,000 Maryland families spent more than 30 percent of their incomes on rent (30 percent of gross income for rent is normally regarded as the maximum income a household can afford for housing).
- Waiting lists for public housing are extremely long.

In Baltimore City, there are 40,000 persons on the list. In Prince George's County, the wait may be two to seven years; Anne Arundel County, five years; and in Mongtomery County, two years.

- The "Rental Housing Crisis Index" for Maryland—computed on the basis of a procedure developed by the National Low Income Housing Coalition,—indicates a severe shortage of affordable rental housing in Maryland. The National Low Income Housing Coalition has concluded that any index number higher than 0.500 means a crisis for various low income renters. The index for Maryland is 1.976 and for Baltimore City is 2.000, indicating that it is impossible for all renters to obtain affordable housing, even if all low income renters lived in all the least expensive housing units. Unfortunately, many of the least expensive units are occupied by households with higher incomes, or the units are substandard, or they are unavailable to prospective renters because of limitations on tenancy (e.g. no children allowed).

Reasons for shortage of low income housing There are immediate and obvious reasons for the shortage of low income rental housing. First and foremost is the recent withdrawal of federal support for public housing and low income housing assistance. The effect of this national policy change has been exacerbated in many areas by efforts to enhance the local tax base through redevelopment and upgrading of aging residential areas. One side effect of this economic development policy, commonly called "gentrification," has been the severe reduction of low income housing stock, especially single room occupancy hotels. If the current situation for low income rental households is critical, the future holds little hope, according to the Maryland Housing Policy Commission. The Commission estimates that *within four years the state will have a shortage of 38,900 units for households earning under $10,000.* The Commission also identified single heads of households, Blacks, and elderly persons as particularly vulnerable as the supply of low income housing dwindles. This is especially troubling because these populations already constitute significant portions of the homeless population in the state.

Table 6 — Causes of Homelessness

Percentage of the homeless population serviced in FY85 by primary cause of homelessness according to survey of providers

Unemployment	28
Eviction	24
Domestic violence	16
Deinstitutionalization	
Mental health	14
Correctional	6
Mental retardation	1
Foreclosure	1
Others	10

Unemployment and underemployment as causes of homelessness Study data strongly argue that unemployment and underemployment are major factors contributing to homelessness, even in the midst of the recovering economy. It is a truism in today's recovering economy that, while indicators are improving, large sections of the economy are being restructured and many high paying jobs in heavy industry are being lost forever. These jobs are being replaced by lower paying service industry jobs. Thus, the U.S. Conference of Mayors, in its report *Homelessness in American Cities* (1984), observed that, although unemployment had dropped nationally in the ten cities surveyed, the population in need of emergency shelter had increased. This observation also is congruent with the data in the 1984 study by the federal Department of Housing and Urban Development, which noted that 35 to 40 percent of residents in emergency shelters had been recently employed.

Shelter providers reported increasing numbers of the "new poor" among the homeless. These are persons with long work histories who have lost their permanent housing because their jobs have disappeared and their benefits have expired.

It also must be noted that even while unemployment rates are going down, the rates do not include the significant numbers of underemployed persons working at limited, part-time jobs and the unemployed who have become too discouraged to look for work. While the Bureau of Labor Statistics counts a person as employed who works one day a week at the minimum wage of $3.35 per hour, this person's gross salary of $26.80 will not pay the rent.

In Maryland approximately 400,000 persons live in poverty, that is, have an income of less than $10,610 for a family of four (less than $5,278 for an individual). A majority of the state's poor are children and elderly persons according to the Governor's Task Force on Food and Nutrition. *The plight of the poor has not improved over the years due to the fact that welfare grants remain at an inadequate level.* In Maryland, the current Aid to Families with Dependent Children (AFDC) grant, when combined with food stamps, equals only 78 percent of the State's Standard of Need, that is, the amount of income required for a minimally decent standard of living. The General Public Assistance grant is even less adequate. When combined with food stamps, it equals only 58 percent of the Standard of Need.

Eviction as a cause of homelessness Study data identify eviction as a primary cause for homelessness. Eviction usually results from a failure to pay rent when due or to move at the end of a lease period. However, many persons seeking shelter have been ''evicted'' because of overcrowding in the homes of family or friends where they have been living temporarily, or as a result of disputes among those with whom they have been living.

Family disruption as a cause of homelessness The most visible cause of family disruption is domestic violence. *In FY85, domestic violence was the primary cause of homelessness for 16 percent of people sheltered in Maryland.*

Persons knowledgeable about this problem suggest that only a small percentage of the victims of domestic violence ever seek and obtain emergency shelter. The Baltimore City Police Department reports handling some 30,000 domestic violence complaints per year. While only a very small portion of this group seek or obtain emergency shelter, many others are potentially homeless.

Other typical forms of family disruption involve two distinct groups: youths who either run away from home due to family stress or are forced from overcrowded homes when their parents can no longer afford or tolerate their presence; and women (frequently with children) who experience a loss of income through separation, divorce, illness, or death of the wage earner. Both of these population groups tend to lack the work skills needed for jobs paying more than the minimum wage.

Deinstitutionalization as a cause of homelessness
In FY85, 21 percent of those sheltered in Maryland were former residents of State institutions. Of these, 14 percent came from mental health facilities, 6 percent from correctional facilities, and 1 percent from mental retardation facilities.

Deinstitutionalization of the mentally ill is often cited as a cause of homelessness. Yet it is not deinstitutionalization per se that causes mentally ill persons to become homeless, but the lack of sufficient community resources to support people who can and want to live in the community.

The philosophy of deinstitutionalizing the chronically mentally ill evolved in the 1960's as a result of the success of new treatments involving drugs and group therapy. The Community Mental Health Centers Act of 1963 embodied the philosophy that chronically mentally ill patients would receive more humane care in the community rather than in large hospital settings. The Act envisioned the establishment of public or private nonprofit community-based mental health centers offering community care and followup to deinstitutionalized people.

There is every reason to believe that *when adequate housing and services are available in the community, the chronically mentally ill can be successfully treated and maintained in their local communities.*

Unfortunately, there has been little coordination between such local programs and the State hospital facilities. Most frequently, the State relinquished responsibility for patients' care to the local community upon release, whether or not the necessary support services were in place. Also, very few states have recycled the savings obtained through deinstitutionalization measures to supplement the budget for community care. For instance, *in Maryland 80 percent of the mental health budget still goes to state hospitals instead of to community-based mental health facilities.*

In 1981 the Reagan administration replaced the Community Mental Health Centers Act with the Alcohol. Drug Abuse, and Mental Health Block Grant. The new Block Grant, which has decreased funding by 20 percent, is distributed directly to the states, in order to give state and local governments greater autonomy in meeting alcohol, drug abuse, and mental health needs. Despite this increased flexibility, few changes in the provision of mental health services have occurred. Because of reduced federal funding, the State finds it difficult to implement the policy of deinstitutionalization. Deinstitutionalization of the mentally ill can be successful with planned discharge, followup services and supportive housing, as in Maryland's Project HOME administered by the Department of Human Resources. Although, after-care planning in Maryland is required, patient participation and compliance with the plan are voluntary. Therefore, it is not suprising that some persons, after discharge from State hospitals, do not follow the discharge plan.

It must not be concluded that all mentally ill persons are homeless or that all homeless mentally ill people are homeless as a result of being released from a mental facility. Many of the mentally ill homeless have never been hospitalized because of the restrictive admission criteria of State hospitals. Others are homeless because they have lost their disability benefits as a result of the federal cutback on Supplemental Security Income benefits, or because they have lost their housing through the process of gentrification, or they cannot

> *“when adequate housing and services are available in the community, the chronically mentally ill can be successfully treated and maintained in their local communities.”*

find affordable housing. Many homeless people become mentally ill due to the stress inherent in being without a place of residence.

In summary, deinstitutionalization of the mentally ill has not worked in many instances because community-based housing and support systems were not in place and adequately funded; and now federal funding mechanisms have been completely divorced from the original legislative intent.

Deinstitutionalization from other than mental health facilities can also result in homelessness. Release from correctional facilities, general hospitals, retardation centers, and training schools places persons at risk of becoming homeless if there is no aftercare planning or if secure jobs and/or affordable housing are not available.

Alcohol and drug abuse as causes of homelessness

Although not given as an option in the list of causes in the survey, *substance abuse was identified in survey results as a problem for 34 percent of those homeless citizens served in FY85.* Alcohol and/or drug abuse can be either a cause or an effect of homelessness. Many substance abusers could maintain themselves in the community if housing, jobs, medical care and other supportive services were readily available.

Distribution of Maryland's homeless and characteristics of those sheltered

Table 7 shows the distribution of homeless citizens in Maryland and the average number of persons turned away from shelters *on a given night.* Eighty percent of the estimated number of homeless persons *on a given night* were reported by Anne Arundel, Baltimore, Montgomery and Prince George's counties and Baltimore City. These same jurisdictions also accounted for 80 percent of those turned away from shelter services on a given night.

Table 7 — Distribution of Homeless Persons in Maryland On A Given Night

Jurisdiction	Estimated number of homeless *on any given night* (served and unserved)	Average number** of turn-aways *on any given night*
Baltimore City	1160	111
Central Maryland		
Anne Arundel	190	less than 1
Baltimore	310	5
Carroll	20	3
Harford	30	13
Howard	20	4
Eastern Shore		
Caroline	10	less than 1
Cecil	30	5
Dorchester	10	none reported
Kent	10	none reported
Queen Anne's	10	0
Somerset	10	none reported
Talbot	20	0
Wicomico	30	2
Worcester	30	1
Metro D.C.		
Montgomery	330	12
Prince George's	310	21
Southern Maryand		
Calvert	20	less than 1
Charles	50	2
St. Mary's	40	1
Western Maryland		
Allegany	80	2
Frederick	40	4
Garrett	10	0
Washington	140	3
STATE TOTAL	2,900*	189*

*Rounded to closest 100.

**Many shelter providers do not keep turn away figures, thus the above numbers are *conservative*.

Table 8, using percentages, summarizes the characteristics of the homeless population served in FY85 by jurisdiction and provides a comparison to the statewide averages for those persons served in emergency shelters.

Because the type of shelter available in a jurisdiction determines the type of client served, it is difficult to draw reliable conclusions from the data in Table 8. However, it is evident that, in general, the counties in Central and Southern Maryland are serving a higher percentage of children than other areas in the state. Also, Blacks are disproportionately represented among those sheltered. Non-urban counties generally served a higher proportion of families than urban areas.

Shelter beds available

Introduction This section reviews the available shelter resources and the increase in the number of persons sheltered over two years and analyses the source of funds for shelter programs in Maryland.

Availability of shelter beds Table 9 presents the number of shelter beds in Maryland during FY85, by jurisdiction and region. As the table indicates, this study identified approximately 1,300 shelter beds in the state, of which 592 were reserved for men, 258 for women, and 87 for children. The remaining beds could not be identified as serving any specific group. *Because of the existing uneven patterns of funding for shelter beds, the precise number of beds at any given time varies.* Typically the number of beds rises during the winter months and declines in the warmer months. Because a large percentage of beds serving men are located in mission shelters which have a stable capacity throughout the year, the number of beds available to serve women, children and families varies more dramatically than does the number of beds for men.

Availability of types of shelter beds by region The study also identified the types of shelter available by jurisdiction. A summary of this information follows.

- **Baltimore City** A total of 645 shelter beds were identified in Baltimore City. Of this number, 426 were emergency shelter beds, 67 were transitional housing beds, and 152 beds in a men's mission were identified as available for either emergency or transitional housing.

  Of the 645 beds available, 369 were restricted to men, 69 to women and 27 to children. The remaining 180 beds could not be identified as serving any specific group.

  The City also has two day shelters, one for men and the other for women, as well as a newly developed Health Care for the Homeless demonstration project located in two shelters.

- **Central Maryland counties** A total of 147 shelter beds were identified in Central Maryland counties: 50 in Anne Arundel, 38 in Baltimore, 40 in Harford, and 19 in Howard. Carroll County also has a formal shelter program operated by the local department of social

Table 8 — Homeless Persons Served in FY85, On A Given Night by Percentage, Meeting Selected Characteristics

	Age**					Race**			Sex**		Persons alone or in family group**	
Jurisdictions	0 to 5	6 to 17	18 to 30	31 to 60	61+	Blk	Wh	Other	Male	Female	Persons alone	Families
Baltimore City	5	11	37	38	9	63	34	3	67	29	53	22
Central Maryland												
Anne Arundel	19	20	31	24	6	33	66	1	37	66	55	45
Baltimore	23	20	33	23	1	18	82	0	65	35	35	65
Carroll	25	35	25	15	0	3	94	3	15	85	5	95
Harford	13	14	59	10	3	36	55	9	49	51	76	49
Howard	21	13	43	22	1	26	73	2	62	38	56	32
Eastern Shore												
Caroline	15	14	30	37	4	36	64	0	16	84	14	86
Cecil	10	10	50	25	5	6	93	1	60	40	25	50
Dorchester	0	0	5	95	0	5	95	0	50	50	100	0
Kent	0	60	40	0	0	0	100	0	40	60	0	100
Queen Anne's	0	0	50	50	0	25	75	0	25	75	70	30
Somerset	*	*	*	*	*	40	60	0	50	50	25	50
Talbot	7	6	48	6	32	56	42	2	30	70	25	75
Wicomico	5	15	40	30	10	49	40	9	60	40	66	30
Worcester	17	17	35	31	0	20	79	1	72	28	75	24
Metro D.C.												
Montgomery	0	3	41	47	9	27	71	3	17	83	42	58
Prince George's	16	53	14	13	4	50	49	1	32	68	25	39
Southern Maryland												
Calvert	*	*	*	*	*	*	*	*	*	*	*	*
Charles	50	20	15	15	0	46	54	0	33	67	27	70
St. Mary's	25	10	35	20	10	60	40	0	30	70	20	80
Western Maryland												
Allegany	6	6	28	37	19	2	98	0	76	24	73	2
Frederick	10	6	53	32	7	22	75	3	68	32	13	29
Garrett	10	10	50	30	0	0	100	0	60	40	25	70
Washington	1	3	14	73	9	8	89	3	92	8	87	11
State average	8	14	36	34	8	48	49	3	64	36	52	28

*No data

**Percentages for age, sex, race may not add to 100 percent because the figures are computer generated. Number of persons alone and in families may not add to 100 percent for the same reason or because of under or over reporting by survey respondents.

Table 9 — Shelter Beds by Jurisdiction

Jurisdiction	Total shelter beds
Baltimore City	645
Central Maryland	
Anne Arundel	50
Baltimore	38
Carroll	unspecified
Harford	40
Howard	19
Total Central Maryland	147
Eastern Shore	
Caroline	0
Cecil	30
Dorchester	4
Kent	0
Queen Anne's	0
Somerset	0
Talbot	0
Wicomico	30
Worcester	13
Total Eastern Shore	77
Metro D.C.	
Montgomery	124
Prince George's	122
Total Metro D.C.	246
Southern Maryland	
Calvert	0
Charles	0
St. Mary's	0
Total Southern Maryland	0
Western Maryland	
Allegany	96
Frederick	39
Garrett	8
Washington	90
Total Western Maryland	233
State Total	1,348

services. Transitional housing was available in Anne Arundel, Carroll and Howard counties. All the counties had some shelter beds to serve women and children; however, only Anne Arundel and Howard counties had shelter beds serving men.

- **Eastern Shore** Only four counties had shelter beds: 30 beds serving men, women and families in Cecil County; 4 beds serving men, women and family groups in Dorchester County; 30 beds serving men, women and families in Wicomico County; and 13 beds serving men, women, children and families in Worcester County. Five counties have no shelter beds: Caroline, Kent, Queen Anne's, Somerset, and Talbot.
- **Metropolitan District of Columbia area** A total of 246 shelter program beds were identified in the metropolitan District of Columbia area. In Montgomery County there were 124 beds, of which 50 were available for either emergency shelter or transitional housing. Shelter beds existed to serve men, women and families, and day shelters were available. In Prince George's County, 122 beds were identified, of which 5 were transitional housing beds for women and children. The remaining beds are available to serve men, women and children. Also, a day shelter for women was located in Prince George's County.
- **Southern Maryland** There were no shelter beds in Southern Maryland. Emergency shelter is provided through purchase of lodging in motels, boarding and/or rooming houses, etc.
- **Western Maryland** A total of 233 beds were identified in Western Maryland as available for homeless persons. However, 130 of these beds were located in missions serving only male clients. An additional 47 beds were operated by the YMCA in Allegany County, serving men. Therefore, only 56 beds were available in Western Maryland to serve women, children and families. Allegany County had 3 rooms in which men,

women and family groups could be served, and an additional 80 beds to serve men (33 mission and 47 YMCA). Frederick County had 17 beds available to serve women and family groups and 22 mission beds serving men. Washington County had 15 beds available for women and families and 75 beds for men. Garrett County had 8 beds available to serve women and children, but none for men.

Number of citizens sheltered Table 10 shows that the number of persons *sheltered* has increased year by year, with *a cumulative increase of about 45 percent between FY83 and FY85. Survey respondents reported sheltering, in FY85, more than 28,000 homeless persons.*

Although the study survey did not attempt to document increases in shelter beds during the same period, the number of beds did, in fact, rise. The concurrent increase in beds available and number of persons served tends to confirm the general view of shelter providers that the bulk of the homeless population is invisible and appears only when additional beds become available.

Table 10 - Total Number of Person Reported Sheltered*

FY83	FY84	FY85
19,283	23,439	28,038

* Numbers are unduplicated counts as reported by each provider, but there is the possibility that some persons were served by more than one agency in more than one jurisdiction. The above totals represent the sum of responses to Question 1.4 and 1.2 on surveys Appendix B1 and C1 respectively.

Funding of shelter programs Shelter providers were asked to indicate the percentage of their budgets received from various funding sources. These percentages were used in conjunction with the number of persons reported served to calculate the volume of shelter services in Maryland supported by various funding sources. The results of this anaylsis are presented in Table 11 under two headings: private sector/community support and public sector grants. Under the public sector heading, the sources of funds have been broken down into three categories: federal, state and local government. In the federal category, Federal Emergency Management Agency refers to funding that has been available as previously discussed. The two community block grant programs are federal funds passed through to the states. In the state category, the Homeless Services Program refers to the program established by the General Assembly in 1984. Women's Services program funds are available through the Department of Human Resources and include programs for homeless women, battered spouses and children, displaced homemakers, and victims of rape/sexual abuse.

The data in Table 11 analyzes only those funds which support *formal shelters.* The analysis does not include funds in many Social Services Administration programs (Project HOME, Social Services to Adults, Adult Foster Care, Adult Protective Services) or Income Maintenance Administration programs (Emergency Assistance, General Public Assistance, food stamps), all within the Department of Human Resources. All of these programs fund or provide services which homeless persons can access.

What is needed to address the problems of homelessness?

The study findings clearly indicate that existing resources — emergency shelter, transitional housing, supportive housing, physical and mental health care, case management services, and affordable permanent housing — are inadequate. Homeless persons also need daytime drop-in centers so that they are not forced to walk the streets during the daylight hours. In addition, the data also suggest that certain areas of need are greater than others.

Shelter services for men
The data indicate that 64 percent of those served in FY85 were male. This is congruent with anecdotal evidence from service providers that men, especially younger men, constitute the majority of the homeless population. However, 11 counties in the state have no formal shelter programs for men (Baltimore, Calvert, Caroline, Charles, Garrett,

Table 11 — Percentage of FY85 Shelter Services Provided by Funding Source

Source	Percentage of funding by source		
Private sector donations from charitable and religious organizations, foundation grants, private citizen contributions, etc.			68
Public sector grants			32
Federal			
FEMA	1		
Community Service Block Grant		2	
Community Development Block Grant		2	
Social Services Block Grant	less than 1		
State			
Homeless Program	less than 1		
Women's Services	15		
Juvenile Services Administration (JSA)	1		
Other	less than 1		
Total State		16	
Contributions from local governments		11	

Harford, Kent, Queen Anne's, Somerset, St. Mary's, and Talbot counties). Carroll County has no shelter beds serving men except those with alcohol problems.

Shelter services for women The data indicate that 36 percent of those served in FY85 were women. Eight counties do not have shelter beds serving women (Calvert, Caroline, Charles, Kent, Queen Anne's, Somerset, St. Mary's, and Talbot). Only four counties (Anne Arundel, Carroll, Montgomery and Prince George's) and Baltimore City have transitional housing programs for women. This need is especially critical for people who often find themselves homeless with few, if any, work skills. Intermediate housing is crucial during the difficult transition period between homelessness and the re-establishment of permanent living arrangements. The need for transitional housing for women may be complicated if the woman has children, for transitional housing facilities frequently cannot accommodate children.

Shelter services for youths The data for those homeless persons served in FY85 indicate that 14 percent were between 6 and 17 years of age. Although most of these children were accompanied by a parent, the data clearly suggested that some were not. Reports from the field support this conclusion with stories of families under such severe stress that older children are forced out of the home to fend for themselves on the streets. In the face of this need, only Baltimore City, Anne Arundel, Carroll, Frederick, Harford, Howard, Prince George's and Worcester counties had shelter beds serving unaccompanied youths, and only the City and Prince George's and Harford counties had day shelters for unaccompanied youths.

Shelter services for families The data for those served in FY85 indicate that at least 28 percent were in family groups. Recognizing that a significant number of these represent victims of domestic violence, the evidence nonetheless indicates a further need for services to families, both single and two parent families. Eight counties (Calvert, Caroline, Charles, Kent, Queen Anne's, St. Mary's, Somerset and Talbot) had no shelter services for families of any configuration, and Garrett and Harford counties had facilities to serve families composed of women and children only.

Transitional housing Formal transitional housing beds were available in only 7 counties (Allegany, Anne Arundel, Carroll, Harford, Montgomery, Prince George's and Washington) and Baltimore City. However, even in these areas there was a critical shortage, the possible exception being Allegany County where 47 beds at the YMCA could be used. The lack or shortage of transitional housing is especially critical in the absence of affordable housing. With little or no prospects for permanent housing, persons in emergency shelters are staying for a longer time, effectively turning emergency shelters into transitional housing.

What is the extent of the unmet need?

Beds available compared with persons served A comparison of the number of beds available (1,300) to the average number of persons served (1,000) showed a significant discrepancy. It appeared that there were 300 unused shelter beds on any given night in the state, a number more than adequate to meet the needs of the approximately 200 persons turned away from shelters on a given night. Detailed review and analysis of the data from the individual jurisdictions, however, provides reasons for this discrepancy:

- The particular mix of clients (how many men, women or children) served on a given night in a shelter often determined how many beds in the shelter could be used. For example, in a shelter serving family groups, a three member family in a four-bed room could result in one empty bed.
- Information on the number of homeless persons sheltered in FY85 was missing for many of the beds identified by survey respondents. Eleven shelter providers, with more than 130 beds, reported the number of beds in their facilities, but were unable to give data on the average number of persons sheltered in those beds, on any given night. The lack of this data resulted in a distortion in the apparent gap between the number of shelter beds available on any given night (1300) and the number of persons sheltered (1000).
- Not all beds counted in the survey were available year-round due to the erratic nature of funding for many beds.
- The current array of shelter beds does not necessarily fit the needs of the clients applying for services. For example, in many jurisdictions turn-aways were single males or two-parent families, for whom no shelter beds were available.
- Some shelter facilities were not acceptable to clients for a variety of reasons, such as religious emphasis, the client's perception of the facility's safety, or cleanliness, etc.
- Finally, a perfect match of homeless persons to available shelter beds, on any given night, is most unlikely. It is reasonable to assume that, even with the best possible planning and coordination, some beds would be empty.

Number of beds needed Subtracting 1,300 (the number of available beds) from 2,900 (the total estimated number of homeless on a given night) reveals a shortage of 1,600 beds.

The existence of a gap between available beds and homeless persons in need of shelter also was graphically demonstrated by data collected in provider surveys on the average number of persons turned away on a given night during the year. The results are summarized in Table 12. These averages represent unduplicated numbers from each service agency; however, it is possible that some persons may have been turned away by more than one agency on a given night. Furthermore, since some agencies do not record the number of persons turned away from service; *the above figures must be regarded as **minimal.***

Table 12 — Average number of persons turned away on a given night

Aug. 84	Nov. 84	Feb. 85	May 85		
130	214	228	177	Average	189

The seasonal variation is 75 percent, with the average number of persons turned away ranging from a low of 130 in August, 1984, to a high of 228 in February, 1985. The seasonal variation probably reflects the effects of weather and the normal increase in the number of beds available during the colder months.

The primary reason for clients being turned away from service was the lack of space.

Underserved groups of homeless persons The following groups of homeless persons were most frequently identified by survey respondents as being underserved. The groups are listed in descending order of frequency:

- mentally ill people
- "street people"
- single male, substance abusers
- single women
- unemployed people
- two-parent families
- ex-offenders

The following groups also were mentioned, but less frequently than those above:

- victims of domestic violence
- runaway or "throwaway" youth
- the physically ill or disabled and those with multiple disabilities
- children
- the elderly
- the mentally retarded.

Special problems of underserved homeless persons are shown in Table 13.

Table 13
Problems of underserved homeless

Problem	Percentage
unemployment	61
substance abuse	34
mental health	26
transportation	25
physical health	17
domestic violence	14
mental retardation	4
other	12

Essential services in short supply A broad range of services were identified as being in short supply. The most frequently mentioned services, listed in descending order of frequency of mention, included:

- affordable housing
- transitional housing
- subsidized rental housing, job training and employment opportunities
- emergency shelter
- supervised housing and transportation services
- cash assistance

other essential services mentioned somewhat less frequently included:

- mental health services
- health care and outreach services
- case management
- counseling
- meals

Impact of government programs and policies

Introduction This section examines some of the public policies, agencies, programs and procedures which appear to have the most impact or potential impact on the problem of homelessness. The goal is to determine how and where the public sector and homelessness interface and to what extent the public sector furthers solutions and offers services but, in some instances, impedes effective provision of services or resolution of the problems of homelessness.

This discussion does not presume to represent a comprehensive or definitive look at the public sector impact on homelessness. Limited by time and resources, the authors concentrated on the four State agencies which have the most direct impact on homelessness: the Departments of Economic and Community Development, Health and Mental Hygiene, Human Resources, and Public Safety and Correctional Services. Information on other State and federal agencies is also included.

As with the other sections of this chapter, the data was drawn primarily from provider responses to surveys, testimony at hearings convened by the Governor's Advisory Board and round table discussions. Other sources included existing literature and key informants.

Summary of analysis

Four major points emerge from an analysis of data on the effect of government programs and policies on homelessness and the needs of the homeless:

- No one State level government department or agency has overall responsibility for developing policy or providing services for the homeless.
- There is no overall system for coordinating the efforts of the numerous government agencies serving homeless persons. However, many governmental agencies are, on a day-by-day basis, responsible for one or more services.
- Even when local, state and federal funds are combined, *government is the minority partner in funding shelter for the homeless,* providing only 32 percent compared with 68 percent from voluntary contributions. *The net effect is a serious lack of funding overall.*
- Government zoning policies and community opposition often present major obstacles to the development and siting of emergency shelter facilities, transitional and supportive housng, and low income housing.

Lack of mandated responsibility The study data provide strong and convincing evidence that no one department or agency is responsible for dealing with the problems of homelessness or providing services to homeless persons. In the absence of a mandate, systems do not *reach out* to serve the homeless.

A coordinated and integrated approach with centralized responsibility would reduce the present fragmentation of services and might reduce the incidence of people falling through the cracks because their needs are not easily categorized or isolated.

Systems designed to serve the norm typically will fail the most severely impaired and those with the most complex constellation of problems. Furthermore, service providers, often the homeless person's "last chance", may not have sufficient resources available to alleviate the problem. Indeed, those who serve the homeless frequently function as gatekeepers to shelter, which, due to shortage of supply, must be rationed. *Both public and private agencies fall prey to the practice of "creaming", i.e., delivering limited resources to those most likely to use them successfully.*

Policy and planning discussions inevitably raise the issue of short-term versus long-term solutions. Clearly, no branch of government or advocate for the homeless would deliberately overlook the need to respond to the crisis phase of homelessness. Short-term shelter must be available to relieve the crisis of homelessness. However, short-term remedies do little to prevent or reduce the incidence of homelessness. *Without permanent remedies, few homeless persons possess the resources to move, on their own, into independent living arrangements.* As

"... 68 percent of shelter services provided are funded by the private voluntary sector."

evidenced and documented not only in New York, but also in Maryland, for every emergency shelter bed operated, another homeless person appears to fill it. As Kim Hopper and Jill Hamburg wrote in *The Making of America's Homeless (1984)*: "While devising corrective strategy, therefore, we should not allow the urgent need for immediate relief to obscure the necessity of far reaching structural reform if present misery is to be abated and the forces which generate it are to be contained."

Lack of coordination Although not asked or prompted to speak to the issue, survey respondents, key informants and round table participants mentioned *the lack of coordination between and among governmental agencies as a barrier to serving homeless persons.* The lack of coordination is most clearly seen in unsuccessful attempts to serve the dually diagnosed homeless client (one suffering from both mental illness and mental retardation or from alcoholism and mental illness). Coordination also emerged as an issue in round table participants' stories of State hospitals and correctional facilities releasing homeless persons without alerting local departments of social services of their impending arrival.

Problems with Funding Another frequently mentioned barrier to serving the homeless is *the lack of adequate funding.* Almost every State agency reported insufficient resources for developing, maintaining or expanding services to the homeless. Twenty of the 24 local departments of social services identified lack of funding as a barrier to establishing or expanding shelter services.

The vast majoritiy of survey respondents and numerous round table participants and key informants identified lack of funding as a barrier to serving the homeless. As noted previously, *the survey showed that 68 percent of shelter services provided are funded by the private voluntary sector.* The revenue from governmental sources was typically restricted to a particular target population (i.e., battered women) or laden with regulations limiting the uses of such funds. For example, both federal and Department of Human Resources Homeless Services Program funds limit reimbursable administrative costs to one to three percent of the total expenses. This is especially burdensome for agencies which operate on minimal budgets. They must rely on efforts of dedicated professionals and volunteers to raise the funds needed to pay administrative expenses beyond the one to three percent limitation. In evaluating the effectiveness of federal funds, the Local Emergency Services Board of Baltimore City and County found administrative costs of 15 percent to be the minimum required to ensure proper fiscal and program management of emergency shelters.

In addition to inadequate sources of support, survey respondents and key informants repeatedly identified *the uncoordinated nature of funding.* Most shelter and service providers reported multiple sources of funding, each with its own funding cycle, reporting requirements, and regulations. *Governmental funding tends to peak during the winter months despite the fact that* *homelessness is a year-round problem* requiring year-round attention. As late as October, few agencies know if, and how much, funding will be available for the coming winter. Several key informants likened this day-to-day existence to that of their clients.

In the view of key informants, round table participants, and some survey respondents, funding problems were compounded by negative attitudes among personnel in State agencies. Providers were particularly sensitive to the workload of employees affiliated with local departments of social services, the Social Security Administration, the Department of Public Safety and Correctional Services, and the Mental Health Administration of the Department of Health and Mental Hygiene. As *many State agencies* providing or desiring to provide services to the homeless *cited a shortage of needed staff,* it is not surprising that providers perceived a negative or "burnt-out" attitude among State workers. If one accepts the definition of burn-out as apathy or alienation from work stemming from sustained inability to access the resources needed to do the job, it is not difficult to believe State workers may be highly susceptible to burn-out.

Impediments arising from community opposition and zoning Nearly half the survey *respondents identified community opposition as a barrier to serving the homeless.* Participants in all three round table discussions told tales of exhausting and unsuccessful attempts to site shelters in their communities. It is not too surprising that many of these survey respondents identified local zoning ordinances as impediments to serving the homeless. While the State has ultimate authority for zoning, the authority has been delegated to the counties and local areas. As a consequence, zoning laws affecting residential facilities for the homeless and disabled vary from area to area.

Policies and Programs of Departments The remainder of this section presents information on the policies and programs of the selected public departments which impact on the problem of homelessness and on homeless persons. The information is organized department-by-department and includes the following agencies:

Primary Maryland agencies

- Department of Economic and Community Development
- Department of Health and Mental Hygiene
- Department of Human Resources
- Department of Public Safety and Correctional Services

Secondary Maryland agencies

- Department of Education
- Department of Employment and Training
- Office on Aging

Federal agencies

- Social Security Administration
- Veterans Administration

Department of Economic and Community Development (DECD)

Policies

In November 1984, by Executive Order, the Governor issued a Housing Policy which states:

> *It is the policy of the State of Maryland to cooperate with the federal government, local governments, non-profit organizations, and the private sector to assure that every citizen of the State enjoys, without discrimination, the use of safe and decent housing, the cost of which does not place an unreasonable financial burden upon the individual or family.*

As a follow-up to the Executive Order and the Report of the Maryland Housing Policy Commission, the Governor submitted a major housing initiative to the General Assembly in 1986.

Programs

The housing programs of DECD, directed and coordinated by the Assistant Secretary of Housing and Community Development, (HCD) are administered by four divisions: the Codes Administration, the Community Development Administration, the Division of Local and Regional Development, and the Maryland Housing Fund. While HCD programs are not targeted for the homeless, several programs impact both the homeless and providers of shelter and housing to the homeless, as well as low and moderate income persons who may be at risk of becoming homeless.

- Created in FY84, the **Emergency Mortgage Assistance Program,** administered by the Community Development Administration (CDA), assists homeowners who are: unemployed due to a lack of work on the part of the employer (i.e., plant closing) or termination due to a temporarily disabling illness, at risk of foreclosure, and reasonably expected to be employed again within two years. CDA assumes the mortgage for up to two years, until the homeowner is reestablished in the job market. The loan is then renegotiated and repaid.

  The program is useful in preventing homelessness in the circumstance cited above, but neglects persons terminated due to a permanently disabling illness, non-performance or personality conflict, persons living on a fixed income (i.e., the elderly), and other persons unlikely to be employed within two years and able to repay the loan.

- **Section 8 Existing Program,** administered by CDA, provides qualified low income persons with a certificate of eligibility to subsidize the portion of their rent that exceeds 30 percent of their income. The average household income of beneficiaries in FY84 was $6,932. The Section 8 Moderate Rehabilitation Program, administered by CDA, assists multi-family property owners to improve rental units. The landlord rehabilitates the unit and CDA commits rental subsidies to the unit for a period of 15 years.

  The Multi-Family Program, administered by CDA, provides loans for construction or rehabilitation to non-profit or limited dividend developers of new or substantially rehabilitated multi-family rental housing. Twenty percent of the units must be available for Section 8 subsidized housing and 31 percent for persons of limited income.

  Access to and the development of federally subsidized low income rental housing programs such as Section 8 and public housing has been severely curtailed in recent years due to cuts in funding. Waiting lists for these programs are long, up to 15 years in Baltimore City. *Participants in all three round tables identified the lack of subsidized rental housing as a problem of such proportion that many agencies do not bother to apply on behalf of their homeless clients.*

- **The Maryland Home Financing Program,** administered by CDA, provides low interest home financing in the form of direct loans to people of limited income. The average household income for FY84 participants was $14,716.

- Other programs of DECD such as the **Homeowner Development Fund,**

Maryland Housing and Rehabilitation Program and Maryland Housing Fund promote housing development or provide financial assistance, but appear beyond the reach of homeless persons. The average household income for FY84 participants in these programs exceeded $20,000.

As with many other State agencies, the policies and activities of DECD do not present barriers, per se, to service for the homeless. Rather, *at issue is the lack of programs and policies specifically geared to the homeless and the inattention to the special housing needs of the homeless.*

While key informants and survey respondents agreed that DECD can and should play a major role in preventing homelessness and in breaking cycles which perpetuate homelessness *through assuring adequate and affordable housing,* a major impediment posed by DECD is the lack of grant funds. Participation in DECD's housing programs is largely dependent on the ability to carry a debt. Obviously, homeless persons seldom qualify. Further, non-profit organizations committed to developing or operating housing for the homeless often cannot carry debt. There is a need to consult with advocates and providers of service to the homeless and to pay heed to the alarming forecast put forth in the report of the Maryland Housing Policy Commission which predicted a potential *deficit* by 1990 of 86,000 units for households with income below $20,000.

Department of Health and Mental Hygiene

Policies

The Department of Health and Mental Hygiene (DHMH) has a responsibility to arrange for the provision of health care for Maryland's most disadvantaged citizens. This includes trying to meet the health care needs of homeless people "as resources allow." According to former Assistant Secretary Trevor Hadley, the policy area which has had the greatest impact on homelessness has been the shift in the 1960's and early 1970's in both law and attitude about the purpose of State psychiatric hospitals. One of the more significant judgements was that to be involuntarily confined in a psychiatric facility it was necessary that a person be a danger to self or others. Another was that a person had a right to treatment in the least restrictive setting possible. It is well known that this shift led to the deinstitutionalization of thousands of people with mental disorders, deemed by psychiatrists not to need inpatient care and to be better served in community settings. Concurrently, admission criteria were revised to prevent inappropriate, unnecessary institutionalization.

It is the practice of institution staff to prepare after-care plans prior to discharge which include housing arrangements. *Patient participation in this planning, as well as compliance, however, is voluntary.*

In addition, DHMH has the responsibility to ensure that all persons leaving a State mental hospital have the identification which is typically required to receive public benefits.

Medical Assistance (administered by DHMH) for the categorically eligible is mandated by federal regulations. Medical Assistance "State Only" is subject to State regulations, which are heavily influenced by federal regulations. For both programs, an applicant is required to attend a face-to-face interview as part of the eligibility determination process. If a physician certifies him/her incapable of such participation, a representative may act on behalf of the client.

Effective May 1, 1985, the Department of Human Resources, Income Maintenance Administration (the agency which determines eligibility for Medical Assistance Program) issued a circular letter (IMA #85-5) which states that the only residency requirement for Medical Assistance is that the applicant or recipient be a resident of Maryland; that is, have an address in this state and not be receiving benefits from any other state. Medical Assistance cards may be mailed to community groups, such as churches, missions or shelters which have indicated a

willingness to accept and be responsible for delivering mail to the client, or may be mailed to the local or district office of the local department of social services.

Programs
In collaboration with the Department of Human Resources, DHMH arranges psychosocial programming and related housing programs for the chronically mentally ill through Project HOME. The Mental Health Administration provides case management services to this program (see also Department of Human Resources).

In the past, DHMH provided very limited training for the staff of a few soup kitchens and shelters to assist them in addressing medical and mental health problems among the homeless. This training service has been discontinued due to changes in staff responsibility.

DHMH currently is developing a legal advocacy component within its institutions that would assist patients in securing entitlements *prior* to leaving the institution. Shelter and service providers, as well as local department of social services staff, have reported instances of persons being released from State hospitals without established benefits such as Supplemental Security Income and Medical Assistance for which they are eligible. These benefits are critical to deinstitutionalized persons trying to maintain themselves in the community.

The Local Health Administration reports no categorical funding or program emphasis on the homeless. However, the Health Departments of Baltimore City and Anne Arundel, Baltimore, Montgomery and Prince George's counties report cooperation with coalitions interested in service to the homeless. An outreach treatment program for alcoholics on the street is supported by the Local Health Administration through the Baltimore Alcoholic Treatment Center.

During the round table discussions, *service providers voiced the need for outreach services to respond to medical and psychiatric emergencies occurring within shelters and on the streets.* Also needed is a mechanism to connect homeless persons to services, especially those least likely or unable to present themselves for service, such as the chronically ill or persons recently released from State hospitals. The only significant mental and physical health-related outreach specifically directed to the homeless in Maryland is provided by a skeletal staff from Health Care for the Homeless of Baltimore City, a privately funded demonstration project scheduled to operate through 1988.

Through its Medical Assistance Division, DHMH administers both federally funded Medical Assistance for the categorically eligible (recipients of public assistance or Supplemental Security Income) and Medical Assistance State Only (MASO). Eligibility is determined by DHR and, for the MASO recipient, service is restricted to three months, after which recipients must reapply.

Barriers related to MASO are encountered at several junctures. First, key informants report that a client often must wait one to two weeks for an appointment. Given the transient nature of many homeless persons and the length-of-stay policies in effect at many emergency shelters, it may not be reasonable to expect a homeless person to keep the appointment. Second, although recently modified, the application is 14 pages in length, completion of which is a formidable task for even the most physically and mentally able. *Many homeless persons need assistance with this form and with obtaining the required supporting documentation* (e.g., past medical records.) If a physician certifies that the applicant is incompetent to participate in the eligibility determination process, a representative, such as a shelter social worker, may act on his/her behalf.

However, shelter workers may find obtaining the necessary documentation a lengthy process. Many homeless people have medical records with several hospitals. All of which must be obtained before the application can be made. Once determined eligible, *it takes two to four weeks for the Medical Assistance card to be* *received, and eligibility must be redetermined three months* later. It is reported that hospitals frequently do not seek to qualify certain patients for MASO because the level of staff effort is greater than the MASO payment.

Department of Human Resources

Policies

Community Services Administration (CSA). Although neither the Community Services Block Grant program nor the Governor's Commission on Migratory and Seasonal Farm Labor, both components of CSA, are mandated to address the needs of the homeless, both programs are aware that they serve populations vulnerable to and experiencing homelessness.

Both the Battered Spouse and the Shelter for Homeless Women Programs of the Women's Services Program are mandated to provide shelter and services for homeless women.

Social Services Administration (SSA). The Adult Protective Services Progam (APS) and Social Services to Adults (SSTA) recognize a responsibility to the homeless population. The enabling legislation for APS states "it is the policy of the State that adults who lack the physical and mental capacity to care for their basic needs shall have access to and be provided with needed professional services sufficient to protect their health, safety and welfare."

Maryland law requires the Social Services Administration (SSA) to provide needed case management services and to arrange suitable housing for persons released from state psychiatric facilities, *as resources allow.*

While there is no specific charge to the Foster Care Program for children and youth regarding the homeless, the Foster Care Review Board and program staff recognize the devasting effects of homelessness on the family.

Local departments of social services (DSS) seek to fulfill their responsibilities to provide social services and public assistance for Maryland's most disadvantaged, including the homeless. Programs that homeless persons can access are: Emergency Assistance, General Public Assistance and Aid to Families with Dependent Children (income transfers), food stamps, Medical Assistance and case management. By policy, in Baltimore City, services for individuals who are homeless, disabled and/or vulnerable and without an active or pending case with a DSS neighborhood service center are arranged through a special unit—the Emergency and Environmental Services Unit.

Income Maintenance Administration (IMA). Effective May 1, 1985, the IMA issued a circular letter (MA #85-5) which states there is no basis for program denial or termination of benefits because a recipient/applicant cannot provide a permanent mailing address. For Aid to Families with Dependent Children, General Public Assistance and Medical Assistance, the only requirement regarding residency is that the applicant or recipient be a resident of Maryland. It is permissible to deliver assistance checks or food stamps to a homeless person in care of a local or district office of a department of social services, or a reputable community group which has indicated a willingness to accept and be responsible for delivering this mail to the client.

Programs

Community Service Administrations (CSA)

- The Community Services Block Grant Program (federally funded) allocates 90 percent of its funds to 12 Community Action Agencies (CAA) throughout Maryland in eight program areas including one which promotes affordable and adequate housing for low income people. Local CAA's develop program priorities and spending plans. The majority of the CAA's offer housing counseling and referral, eviction prevention, mortgage default assistance, policy advocacy and technical assistance regarding fair housing, housing planning, and land development. Some offer an emergency shelter component, rent subsidies, rental units development,

home repairs and rehabilitation, and owner-occupied new construction.

- The Community Services Block Grant program remains vulnerable to federal cutbacks, especially under Graham-Rudman-Hollings legislation, and continuation will require reauthorization at the federal level at the end of 1986.
- The Women's Services Program (state funded) of the CSA is comprised of four service areas: the Battered Spouse, Displaced Homemaker, and Rape Crisis programs, as well as Shelter for Homeless Women. Services are provided by community agencies through purchase-of-service agreements. The battered spouse program provides shelter and services to spouses (primarily women) and their children who have received or are in imminent danger of receiving severe physical injury from a spouse with whom they share a domicile. To be eligible, recipients must be residents of Maryland. There are 16 battered spouse programs serving 22 jurisdictions (8 programs directly provide shelter; 8 arrange housing through safe home networks, hotels, or motels). Each program operates a 24-hour crisis hotline. While not a barrier, per se, Women's Services Program eligibility criteria (which stipulate that a recipient of services through the battered women's program must be married) is exclusionary and does not recognize the needs of women who are battered by a friend, significant other, or relative who is not a spouse. One shelter for battered women reports that only 45 percent of its residents were battered by a spouse; 55 percent were battered by friends, significant others, ex-spouses or other relatives.

  In order to prevent homelessness, the Battered Spouse Program provides crisis counseling, advocacy and limited court accompaniment to battered women in order to assist them to either set up a new living situation or, by court order, to have the abuser removed from the home.

The five shelters for homeless women provide up to 12 weeks of continuous shelter to adult, childless single women. While this is a limitation, rather than a barrier, the needs of homeless women with children are not addressed.

The other two components of the Women's Services Program, sexual assault centers and the Displaced Homemaker Program, do not provide specific services for the homeless. However, within all the Women's Services programs there is an overlap of clients. For example, displaced homemakers may be battered and in need of safe shelter. Victims of sexual assault are oftened battered or may be homeless.

Several providers receiving funding under the Women's Services Program identified regulations requiring extensive documentation as a major barrier. Given the minimal budgets on which most shelters operate, administrative staff time is at a premium and is unduly burdened in meeting reporting requirements of the Women's Services Program.

- The Governor's Commission on Migratory and Seasonal Farm Labor serves as an advisory body to the Governor, General Assembly and State agencies on matters relating to migratory and seasonal farm labor. The Commission also monitors programs and initiates new programs and legislation to enhance the living and working conditions of migrant and seasonal farmworkers.

The Commission reports a lack of available and affordable housing, particularly on the Eastern Shore and in Western Maryland, for migrant workers. In addition, the lead agency in Maryland with an interest in the homeless migrant workers, Telamon, has experienced severe funding cuts due to the federal government's retrenchment. No funds are available to provide needed emergency services.

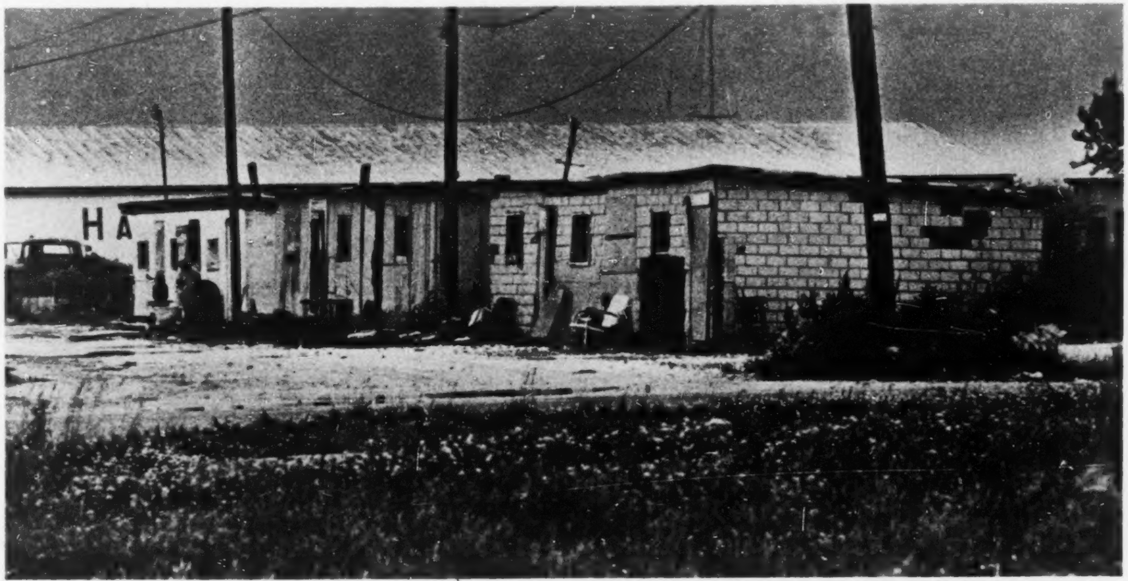
Social Services Administration (SSA)

- **Adult Protective Services** (APS, federally and State funded) operates through the local departments of social services (DSS) to ensure the safety of vulnerable adults who are neglected, abused, exploited, or at risk due to self-neglect. APS reports an increasing caseload with approximately 1,100 continuing cases and another 700 cases under investigation. Services are provided using a case management model and tend to be restricted to periods of less than six months.
- **Social Services to Adults** (SSTA) is the Department's core social services program for adults operated through local departments of social services. This program provides information and referral, crisis intervention, and case management services to elderly and low income persons and is able to carry cases on a longer term case basis than APS. Approximately 100 staff persons serve the 6,800 clients throughout the state. The Social Services to Adults program plans to increase efforts to reach and serve the homeless.

In order to work most efficiently, the APS and SSTA have undertaken a joint planning process, the development and implementation of a Case Management Model, and the initiation of a comprehensive course of training for local staff. In addition, the Department will seek added State funds in FY87 to expand its services to the homeless by targeting the crisis intervention service to homeless adults. For SSTA, the impediments to more effective delivery of services to the homeless are more fiscal and practical than statutory, programmatic or regulatory. *Current staffing levels and the lack of adequate services in the community are the major barriers.* The SSTA believes that statutes, regulations, and program directives, far from prohibiting services to the homeless, actually make the services open to them, when appropriate. On the other hand, present staff cannot handle large increases in the caseload without adversely affecting the quality of service.

- **Project HOME,** in collaboration with the Department of Health and Mental Hygiene and the Division of Vocational Rehabilitation, arranges housing and case management services for chronically mentally ill persons leaving State institutions. Project HOME develops, certifies, and monitors foster homes, supervised apartments, and group homes. Room, board and personal care constitute a ''housing unit'' made available on a monthly basis at a rate established by DHR. A staff/client ratio of 1:25 is maintained as caseworkers follow clients from the institutions to the community. Currently, Project HOME funds and administers 720 community beds, 100 of which are designated for the homeless who are not presently in a state facility, but rather in the community. Project HOME planned to provide 2,000 beds throughout the state by the mid-1980's. However, this goal is unlikely to be realized without speedy and considerable legislative and financial support. Project HOME expects to accommodate an additional 260 clients in 1986.
- **The Shelter, Nutrition and Services Program for Homeless Individuals in Maryland (Homeless Services Program)** was established by HB 1415 in the 1984 legislative session to expand services and plan for the future needs of homeless people in Maryland. The program received $502,000 in FY86. While this program, the only state-mandated effort specifically targeted at the general homeless population, realized an FY86 budget increase of five percent, shelter providers reported that the total funds available represent less than one percent of the overall operating budgets of shelters in Maryland. The Homeless Services Program primarily provides a source of funding to public and private agencies serving the homeless. Other program goals including fostering coordination among the public and private sectors, increasing public awareness, and developing long-range strategies to address the problems of homelessness. A 16-member Advisory Board, appointed by the Governor and consisting of two members from each congressional district, advises DHR on the distribution of funds, future planning, and policy issues.

Survey respondents and key informants identified excessive reporting requirements (monthly



activity and expense reports) and restrictions such as the one percent limit on administrative costs as barriers imposed by the Homeless Services Program. Given the shelter bed deficit, the program also has been criticized for funding maintenance of existing beds rather than expansion of shelter bed efforts. On the other hand, without maintenance funds, some shelter providers would be forced to operate at a reduced capacity thereby decreasing the number of available beds.

- **The Foster Care Program,** carried out through local departments of social services, places and supervises children in foster homes, provides services such as psychiatric intervention and special education, and offers social services to natural and foster parents. In addition, 45 local citizen boards, comprising the Foster Care Review Board, meet monthly to review the cases of children who have been in foster care for more than six months. The Boards' primary concern is that each child have a home and that temporary foster care status be ended as soon as possible. Boards also conduct oversight and advocacy activities to focus social services, legal and community systems toward preventing the shuttling of children from one foster home to another. There are no specific program services for children in need of foster care due to family homelessness. Furthermore, it is believed that *many children leaving foster care at age 18 are ill prepared for independent living and, therefore, may be vulnerable to becoming homeless.* And, while it is known that the Boards reported 'lack of housing' as a barrier to permanence in 80 of the 2,800 cases reviewed for the six months ending May 31, 1985, incidences of placement due to homelessness are not documented. *Round table participants and key informants reported serving homeless women whose children had been placed in foster care.*

> *"Both public and private agencies fall prey to the practice of 'creaming', delivering limited resources to those most likely to use them successfully."*

The following is a brief summary of the services and experiences of local departments of social services on a statewide basis:

- The total number of persons sheltered by local departments of social services, mostly in motels, boarding houses and private homes, in FY85 was 4,694, up from 4,410 in FY84 and 3,746 in FY83.
- Local departments of social services reported serving an average of 34 persons *on a given night* in FY85 and turning away another 23 persons *nightly.*
- All 24 local department of social services provide emergency shelter placements (when funds are available) and/or referrals for homeless persons. All 24 local department of social services provide case management, assistance with public benefit applications, and emergency assistance grants.

Income Maintenance Administration (IMA) The federally and state funded programs and benefits of the IMA are delivered by local departments of social services. While homelessness is not a determining factor, per se, the nature of income supports and benefits render many homeless persons eligible for some form of public assistance.

- **General Public Assistance** (State funded) provides cash assistance for single individuals or childless couples who are temporarily disabled or marginally employed due to health limitations. Disability must be verified by a physician.
- **General Public Assistance to Employables (GPA-E)** (State and locally funded) provides limited cash assistance to destitute employable individuals who are not eligible for other assistance. GPA-E is available in only three jurisdictions: Baltimore City, (operates November-April only), Baltimore County (year-round) and Montgomery County (year-round). The average monthly grant is $164.
- **General Public Assistance to Pregnant Women (GPA-PW)** (State funded) provides cash assistance to pregnant women through the fifth month of pregnancy (AFDC eligibility is usually established at that time).
- **Aid to Families with Dependent Children (AFDC)** (federally and State funded) provides financial assistance to children and/or their caretaker relatives who are not able to support themselves.
- Emergency Assistance (EA) (State funded) and Emergency Assistance for Families with Children (EAFC) (federally and State funded) provides limited cash assistance with crisis situations such as eviction, fuel shortage/utility payments, security deposits, and first month's rent. Grants are limited to once in a 12 month period for EAFC, for a maximum of $250 (a family can also receive a one-time grant of $100 from EA), and twice for EA, with a maximum of $300. Program eligibility is based upon documentation of income, financial resources and a *recent* stable living situation.
- The Food Stamp Program (federally funded) provides food coupons to eligible public assistance and low income households to supplement cash food purchases.

Fourteen survey respondents as well as round table participants and key informants identified inadequate public assistance grants, restrictive eligibility criteria, requests for extensive documentation, and inadequate staff resources as barriers within IMA. *Currently all public assistance grants are less than the Standard of Need* as determined by the Govenor's Commission on Welfare Grants *and are grossly inadequate.* Only three jurisdictions provide cash assistance to destitute employable individuals and it also has been noted that *public assistance recipients lose their benefits when admitted to inpatient facilities.* Upon release, eligibility must be redetermined. This is difficult and inefficient for those who frequently go in and out of hospitals or who initially had great difficulty establishing eligibility for IMA programs.

It has been suggested that, while many homeless persons are technically employable, the experience of homelessness is so debilitating as to require cash assistance to make the transition to independent living. No such public assistance program is available.

Department of Public Safety and Correctional Services

Policies

While there is no specific charge to the Department of Public Safety and Correctional Services regarding homeless persons, by policy and mandate it is responsible for providing for the public safety of all citizens of Maryland, including the homeless.

Programs

The Department of Public Safety and Correctional Services does not offer programs specifically designated for homeless persons. Three divisions of the Department, however, do provide services which regularly impact homelessness: the Division of Corrections, the Division of Parole and Probation and the Maryland State Police.

- The Division of Corrections provides custodial care and rehabilitation services for adult offenders committed by the courts, including training, education and preparation of the offender for his/her return to society. *The Department acknowledges a lack of resources to adequately train, educate and prepare the offender while incarcerated.* In addition to skills required for employment, offenders are often in need of basic living skills required to obtain housing, transportation and health care.

Prior to release, Division of Corrections staff prepare a discharge plan which includes verification of housing arrangements. This housing plan, however, often translates simply into designating the address of a family member or friend who may or may not accept the individual after release. Problems associated with poor discharge plans were substantiated by participants in all three round tables. Providers reported encounters with ex-offenders, many of whom are also mentally ill, who were released without family or community support, housing or employment. In addition, *providers report that those entitled to public benefits often lack plans on how to secure the assistance prior to release.*

- Post-release follow-up by the Division of Parole and Probation, in relation to employment or other income supports and housing, is by way of referral — linking the parolee to existing resources — rather than through direct service. *Referrals are severely hampered by the deficit of affordable housing or transitional housing for the parolee, and the inadequate number of probation and parole personnel to provide assistance.* Service providers agree that this problem is exacerbated by discrimination and the unwillingness of landlords to rent to ex-offenders and parolees. Furthermore, some parolees are so emotionally disturbed that their supervision by the Division of Parole and Probation should also include a mental health component.

- The Maryland State Police provide transportation, referrals and crisis intervention to homeless persons. At present, the Maryland State Police receive no training regarding appropriate interventions related to homelessness other than some training around the issue of domestic violence. State (and local) police officers voice frustration with the lack of 24-hour services, particularly in the area of mental health. As one officer noted, shelters are often full and public service agencies are closed when emergency services are most needed by the police — weekdays after 5:00 p.m. and weekends.

Department of Education

Policies

The Department of Education reports no policies regarding the homeless.

Programs

The Department of Education does not provide services specifically designated for homeless persons; although some of its programs hold potential for greater utilization by the homeless.

- The Division of Vocational Rehabilitation provides vocational rehabilitation and placement in remunerative employment for persons whose capacity to earn a living has been impaired by a physical, mental or emotional disability. This is a program based on eligibility criteria, not entitlement. Participants must have an established address which might be that of a shelter facility (i.e., transitional housing or a group home). If economic need is determined, the Division may assist the participant with minimal maintenance and transportation costs. In addition, the Division works closely with local departments of social services to broker needed support services.

There appears to be a lack of communication between the Division of Vocational Rehabilitation and providers of service to the homeless. Key informants and several survey respondents reported that the emphasis of the Division is on serving individuals most likely to successfully complete its training and placement program. Several survey respondents further noted an inadequate staff/client ratio to effectively address the multiple needs of disabled homeless persons seeking vocational rehabilitation. On the other hand, the Division reports a recent shift in priorities to serve the more severely impaired which could include disabled homeless persons. This shift is reflected in the increased percentage (from 48 percent to 60 percent) of participants who are severely impaired and in a 2:1 ratio of funding for services to the severely impaired. There is a need to clarify issues of access and eligibility and to elicit input from service providers on the support services required to ensure program success for homeless participants.

- The Division of Library Development and Services coordinates the development of library and information services throughout the state. The libraries do not typically provide direct social services, but rather serve as sources of information and referral. One exception is the offering of GED programs which prepare individuals for a high school equivalency test and diploma.

The Division of Library Development and Services and several key informants openly ackknowledge the use of public libraries by the homeless as places of safe refuge. In addition to being a source of shelter from extremes in weather, libraries provide bathroom facilities as well as ''normal'' library services of value to homeless persons. While it appears most appropriate for libraries to serve the general public, the Division expressed a need to respond to the congregation of homeless in its facilities. While some efforts have been made through two statewide training sessions to sensitize staff to the problems and needs of the homeless, *there is an apparent need to provide additional training. Further, the Division could be instrumental in the development of advocacy and outreach services* through coordination with other public and private providers.

- The Division of Compensatory and Urban Supplemental Programs is responsible for administering, coordinating and providing leadership in programs serving the needs of pupils with a focus on disadvantaged children in minority groups. Programs include the Migrant Education Service, the Early Childhood Education Service, and Pupil Services. The latter provides programs relating to truancy, counseling, psychological problems, disruptive youth and health. Local education agencies maintain a relationship, formal or informal, with local departments of social services and local health departments.

The Division of Compensatory and Urban Supplemental Programs does not pose barriers to service, per se. However, there is no documentation of contact with homeless children or children from families without stable housing which might illuminate service and program development needs.

Department of Employment and Training (DET)

Policies

The Department of Employment and Training reports no policies regarding the homeless.

Programs

The Department of Employment and Training adminsters unemployment insurance and job training and placement programs.

- **The Unemployment Insurance Program** pays benefits to workers who become unemployed through no fault of their own.
- **The Job Training and Partnership Act (JTPA),** a federally funded program for the disadvantaged, dislocated workers, adults, and youth, is administered through 10 local Service Delivery Areas (SDA). It is the responsibility of the Private Industry Council (PIC) within each SDA to determine how allocated funds are to be expended. Approximately half of DET's total $40,808,588 allocation of funds are basic grants for SDA/PIC's training services to the disadvantaged. The remaining funds are earmarked for economically disadvantaged persons at least 55 years of age, dislocated workers, and summer youth employment training programs.

Because of the heavy reliance of DET on federal funding, the Department's operations are severely affected when cuts in federal financing are made. There has been no effective system developed to supplant the loss of federal funding with State or other financing. Also, restrictive federal regulations which disquality applicants who report income above a certain level annually may be considered barriers since the criteria do not consider extenuating circumstances. At the same time, there is considerable discretion available to both the Governor's Employment and Training Council and the SDA's to design and prioritize programs for the homeless.

Survey respondents, key informants and round table participants were severely critical of DET for primarily serving the most readily trained and marketable persons. Disadvantaged applicants such as ex-offenders, displaced homemakers, the mentally ill, and the unskilled are unlikely to be served. *Program officials acknowledge this practice of "creaming" which is perpetuated by federal regulations linking future funding to the number of successful job placements.* Another frequently identified barrier to JTPA are the expenses incurred by persons while in training (i.e., child care, transportation, housing). Critics report that without a stipend, most homeless and at-risk groups cannot "afford" training.

- **Job Services** administers three programs which link workers to jobs: the **Wagner-Peyser Grant Services, the Work Incentive Program** for recipients of AFDC, and the **Veterans Services Program.** Of particular interest are the **Migrant and Seasonal Farmworkers Program** (under Wagner-Peyser) which aims to ensure that citizen farm workers are employed before alien workers and that minimum housing standards are met by agricultural employers, and the **Relocation Assistance Program** (under Wagner-Peyser) which assists dislocated workers in looking for and accepting employment outside of the immediate community of their homes, but within Maryland. Financial assistance, not to exceed $100, is available to reach the interview site and relocation assistance payments may be reimbursed to the dislocated worker for moving costs. No relocation assistance payments were reported for FY83.

Maryland Office on Aging

Policies

All of the policies relating to program development and operation of the Office on Aging impact the elderly homeless and those vulnerable to homelessness.

Programs

Although not specifically geared toward the homeless, the Maryland Office on Aging administers several programs that homeless or potentially homeless elderly persons could utilize.

- **The Nutrition Program** provides one-third of the recommended daily allowance of nutrients to individuals age 60 and over through 26 senior centers as well as 192 nutrition sites throughout Maryland. Homebound seniors are eligible to receive home-delivered meals.
- **Gateway I,** an information and referral service, is located in at least one site in each of the state's 24 jurisdictions.
- Transportation/employment/legal services.
- **The Sheltered Housing Program** provides housing, meals and services to seniors age 62 and over who experience difficulty with daily living. State funded subsidies are available to low income individuals unable to pay the full cost of the program. The Match-up program is a resource for low income seniors that enables them to remain in their own homes while affording reasonably priced housing for others who seek homesharing arrangements.

The Housing Directory for Senior Citizens compiles and updates information regarding housing alternatives in Maryland. The Office on Aging's Housing Division provides information and referral to both the public and private sector.

- **The Gateway II** program operates in nine counties to ensure screening, multidisciplinary assessment, and case management, as well as the services necessary to prevent institutionalization for those at risk of entering nursing homes. Participating counties are required to organize a local Interagency Committee to coordinate and plan for the provision of services and to eliminate barriers to service.

Although survey respondents reported eight percent of shelter occupants as being 61 or older, little documentation was available on whether homelessness in this age group is increasing or decreasing. *It is known, however, that a large number of seniors experience severe emotional problems, face economic hardships, and are at risk of becoming homeless.* The elderly on fixed incomes are especially vulnerable to the dynamics of the housing marker and are often the first to feel the effects of condominium conversions, gentrification, and changes in tax rates and assessments.

There is a reluctance on the part of some elderly persons to participate in government funded programs (e.g., food stamps). Homelessness might be avoided in some cases if more creative ways could be found to counter the stigma often attached to such programs.

Support systems such as adult day care, respite care, and in-home care, which allow the elderly to remain in independent living arrangements, are typically not adequate to meet the need. *There is no evidence of efforts to reach the elderly in soup kitchens or shelters.*

The Interagency Committee on Aging Services offers a noteworthy model of comprehensive planning and coordination of services to the aged. Created by law in 1982, the Interagency Committee (composed of the director, Office on Aging, and the secretaries of the Departments of Health and Mental Hygiene and Human Resources) aims to facilitate successful program planning, development, implementation and monitoring at the State and local levels. Some problems in coordinating the efforts of various departments, especially at the local level, have been acknowledged.

Social Security Administration (SSA) (Federal)

Programs

- **Social Security** benefits are paid to insured persons 62 and older, blind, disabled and dependents or survivors of insured workers. Payments are directly based upon past work and need is not a factor of entitlement.
- **Supplemental Security Income** benefits are paid to needy persons 65 and older, blind, or disabled. Medical evaluations are required for blindness and disability.
- Other services and activities include walk-in services, referrals to community agencies, and assistance in obtaining claim support documents.
- **The Homeless Outreach Program,** a recent initiative, attempts to identify and pay Social Security and Supplemental Security Income benefits to eligible homeless people. To date, the program has conducted staff training about needs of the homeless, arranged a workshop with homeless service providers, established liaisons with community organizations and homeless facilities, and updated information and referral files on homeless resources. While field visits for purposes of outreach are made by the Social Security Administration, *restrictive budgets have limited this service and regular visits to shelters for the homeless are not made.*

A major problem concerning access to Social Security benefits for the homeless is the lack of a home address. The use of shelters or assigned representatives to receive checks is a recent tactic to address this problem. The Adult Protective Services (APS) program of the state Department of Human Resources has piloted a Representative Payee Program which trains volunteers in Prince George's County to assist persons designated by the Social Security Administration as needing assistance in managing their finances. The APS hopes to expand this program, which could help homeless persons or those in immediate danger of becoming homeless throughout the state. Evicted persons, designated as not capable of handling their finances, as well as homeless persons who may be eligible to receive benefits in a representative payee account, could be assisted by program volunteers.

Many persons have been denied Supplemental Security Income benefits because they cannot meet the criterion of "disabled" as defined by law and interpreted by Social Security Administration personnel. *Included in this group are a substantial proportion of those deinstitutionalized from mental hospitals who are in need of supervised housing and support services.* However, the passage of the Social Security Disability Reform Act of 1984 with new criteria for evaluating mental disorders and automatic re-review of those terminated from benefits is a helpful step. Pursuit of its rapid implementation is needed. A particular problem for many deinstitutionalized persons is continuing eligibility for benefits. Institutions will certify a person as disabled until departure from the institution. However, many persons no longer in need of institutional services may still be unready for the demands of the workplace and, therefore, need to be certified as disabled.

Veteran's Administration (VA)

Programs

Although the Veterans Administration does not offer services specifically designated for homeless persons, several VA programs impact on homelessness.

- **The Community Residential Care Program** provides residential care (including room, board, personal care and general health care supervision) to veterans not requiring hospital or nursing home care. Care is provided in private homes through a combination of VA pension, Social Security benefits, and other funds. Outpatient psychiatric services and follow-up visits from VA social workers and other health care providers are given.
- **The Domiciliary Care Program** provides group living for veterans requiring immediate availability of health-related services, who are able to function within a group environment. Clients must be income eligible and without residential resources.
- **The State Veterans Home Program** provides residential and nursing home services through State operated veterans homes. The VA contributes to the per diem cost and also to the construction of new homes. Many residents would otherwise be homeless.
- **Community-based Readjustment and Counseling Services,** known as the "Vet Center" Program, provide counseling and other services designed to assist with the readjustment of Vietnam era veterans and their families. Services are provided in community-based settings. The centers are active in networking with VA and non-VA resources in providing service to clients.
- **Medical Centers** provide comprehensive in-patient health and social services to eligible veterans. Outpatient health care and social services are provided following hospitalization. Included is assistance in finding living arrangements when needed.
- Free-standing VA **Outpatient Clinics** serve eligible veterans in the community.

The VA has suffered severe budget cutbacks over the last ten years resulting in staff reduction at various field offices, particularly in the counties. The loss of these positions limits the dimension and priority of special efforts such as outreach to shelters and missions for the purpose of enrolling eligible veterans in programs.

Barriers to receiving VA benefits begin with the application process which requires a fixed address. Some veterans are also unable to supply basic information such as Social Security numbers, dates of military service, medical histories, etc. After eligibility is determined, the VA experiences difficulty in maintaining contact with homeless veterans for continuing eligibility and access to service.

Providers of services to homeless persons state that significant numbers of persons they serve report some prior military history.

Round table participants and key informants reported difficulty in obtaining prompt care for the homeless veteran due to extensive waiting lists. This appears particularly true for detoxification services. Unfortunately, data on the number of homeless veterans needed to attract additional resources and to plan services is not available. For example, little is known about the need for additional residential space, although there is a perceived gap between those services and veterans in need.

V. Conclusions

Analysis of the findings from this study leads to a number of conclusions. They are:

There is a clear and immediate need for additional emergency shelter and transitional housing resources to serve the 1,900 citizens of the state estimated to be without housing on any given night.

Outreach to the homeless and an array of community-based mental and physical health care services and case management are needed to assist the state's homeless citizens to establish permanent living arrangements. Case management is particularly critical for certain especially vulnerable homeless populations: the mentally ill, ex-offenders, substance abusers, victims of domestic violence, the elderly, youths, and the mentally retarded.

Meeting these short term needs fo the state's homeless citizens will require increased funding. It is unrealistic to expect the voluntary nonprofit sector (already funding 68 percent of shelter services) to meet this need alone. Further, in light of current federal policies, it becomes clear that funds must come from State and local governments.

As necessary as the short-term crisis responses are in meeting the very real and immediate problems of those persons living on the streets, in the absence of more fundamental long-term solutions, they will not solve the state's homelessness problem. Long-term solutions are dependent upon two central factors. First, the ability of the housing industry, coupled with the efforts of local and state government, to take the necessary steps to produce affordable housing in adequate supply to meet the needs of low income persons and families. Second, the commitment of State government to establish and fund welfare grant levels equal to the state's Standard of Need.

Housing initiatives must not only consider the standard housing needs of individuals and families, but must give attention to a broader range of options (including the single room occupancy hotel, or its equivalent, as well as rooming and boarding arrangements), because many of those now homeless cannot afford more expensive forms of housing.

Also, the most vulnerable of the homeless population will require long term supervised housing arrangements.

The data developed by this study do not provide a reasonable basis for projecting future growth in the numbers of the homeless with any degree of precision but, in the absence of attention to the short-and long-term actions described above, it is reasonable to assume that *the problem will worsen and the number of persons without a home will grow.*

In the absence of action, both short-term and long-term, these consequences can be anticipated:

- There will be little significant change in the current service system.
- The most vulnerable and difficult cases of homelessness will continue to be underserved.
- Morale of front line service providers will continue to erode under the stress of attempting to resolve devastating social problems with inadequate resources.
- Service agencies, both governmental and voluntary nonprofit, will continue to compete for the currently inadequate level of funds, a situation which discourages the cooperation and coordination of service efforts required to meet the needs of the more vulnerable and difficult cases of homelessness.
- Some jurisdictions in the state will continue to offer a broader array of services for their homeless citizens than will others.

APPENDIX A

Shelter Programs Surveyed

Non-responding agencies are identified with an asterisk (*).

Allegany County
  Archway Station
  Salvation Army - Cumberland Corps
  Union Rescue Mission
  United Family Services of the Frostburg Area
  Women's Refuge, Inc.
  YMCA Shelter

Anne Arundel County
  Christian Worker of Annapolis
  Helping Hand
  Salvation Army - Annapolis Corps
  Salvation Army - Glen Burnie Corps
  YWCA Battered Spouse Shelter

Baltimore City
  American Rescue Workers
  Antioch Church Shelter and Home
  Baltimore American Indian Center
  Baltimore Rescue Mission
  *Barnabas House
  Christopher Place (day shelter)
  Fellowship of Lights
  Helping Up Mission
  House of the Holy Redeemer
  House of Ruth
  Howell House (Women's Housing Coalition)
  Karis Hospice
  Lombard House (Women's Housing Coalition)
  Lumina House
  Marian House
  Mayor's Office of Human Resources
  My Sister's Place (day shelter)
  Noah's Ark
  Prisoner's Aid Association
  Project PLASE
  Salvation Army - Women's and Children's Residence
  Trancare Inc. of Maryland
  Travelers Aid Society of Baltimore
  Upton House (Women's Housing Coalition)
  *VIVA House
  YWCA Corner House - Baltimore City

Baltimore County
  Family Crisis Center
  Maryland Children's and Family Service
  YWCA Corner House - Baltimore County

Calvert County
  *Calvert County Health Department

Caroline County
  Mid-Shore Council on Family Violence

Carroll County
  Maryland Children's and Family Services
  *Westminster Rescue Mission

Cecil County
  Meeting Ground, Inc.

Charles County
  Associated Catholic Charities
  Charles County Children's Aid Society
  *Community Crisis and Referral Center
  Southern Maryland Tri-County Community Action Agency

Dorchester County
- Salvation Army - Dorchester County

Frederick County
- Frederick Union Rescue Mission
- Hartley House (Frederick County Battered Spouse Program)
- Religious Coalition for Emergency Human Needs
- Salvation Army - Frederick

Garrett County
- House of Hope

Harford County
- Forward Step
- Salvation Army - Havre de Grace
- Sexual Assault - Spouse Abuse Resource Center

Howard County
- Audrey Robbins Shelter (Grassroots)
- Citizens Against Spousal Assault
- Grassroots Crisis Intervention and Peer Counseling Center

Kent County
- None

Montgomery County
- Carroll House Men's Shelter
- Gaithersburg Help, Inc.
- Greentree Shelter
- Montgomery County Crisis Center
- RUMC Day Center for Women
- Rainbow Shelter
- Salvation Army - Bethesda
- Stepping Stones
- Viers Mill Drop-In Center
- Women's Overnight Shelter

Prince George's County
- Adelphi Friends Meeting House
- *Christian Community Presbyterian Church
- Family Crisis Center of Prince George's County
- Help by Phone, Ltd.
- Hope House
- Southern Area Youth Services
- Youth Resources Center
- United Communities Against Poverty

Queen Anne's County
- None

St. Mary's County
- *Waldon-Sierra, Inc.

Somerset County
- None

Talbot County
- Neighborhood Service Center

Washington County
- *Citizens Assisting and Sheltering the Abused
- Hagerstown Union Rescue Mission
- Salvation Army - Hagerstown
- Washington County Community Action Agency

Wicomico County
- Christian Shelter, Inc.
- Life Crisis Center
- Salvation Army - Salisbury

Worcester County
- Diakonia

APPENDIX B

SHELTER PROVIDER SURVEY

NAME OF AGENCY ______________________________

CONTACT PERSON ______________________ PHONE ____________

1.0 GENERAL INFORMATION

1.1 Please check the services provided by your agency to each of the following types of homeless.

	Men alone	Women alone	Children alone	Women with Children	Two-Parent Families
Short-term emergency shelter	____	____	____	____	____
Transitional shelter (3-12 mos.)	____	____	____	____	____
Meals	____	____	____	____	____
Counseling	____	____	____	____	____
Case management	____	____	____	____	____
Transportation	____	____	____	____	____
Day Shelter	____	____	____	____	____
Cash assistance	____	____	____	____	____
Others, specify	____	____	____	____	____
____________	____	____	____	____	____
____________	____	____	____	____	____

1.2 How would you describe your shelter's primary client group? ______________________

____

____

1.3 What is your total bed capacity?

MEN _____
WOMEN _____
CHILDREN _____
TOTAL _____

1.4 What was the total number of people provided shelter by your agency during the following fiscal years ended June 30th? (estimate if actual figures are unavailable; substitute other annual reporting intervals if fiscal years are not used).

	FY1985	**FY1984**	**FY1983**
Total served	________	________	________

1.5 What was the number of persons sheltered **on an average night** during each of the following months? (estimate, if necessary)

August 1984	________	February 1985	________
November 1984	________	May 1985	________

1.6 Is there a maximum length of stay at your shelter? YES ☐ NO ☐

If yes, how long? ________________________________

1.7 What was the average length of stay at your shelter last year? ________________________________

____

1.8 As a percentage of total revenue, which of the following governmental agencies and programs contributed to your FY 1985 budget?

Governmental Support	________%
Federal Emergency Management Agency	________%
Community Development Block Grant	________%
Social Services Block Grant	________%
Governors Discretionary Fund	________%
HB 1415 (State Homeless Program)	________%
Project Home	________%
Mental Health Community Services	________%
Juvenile Services Administration	________%
Neighborhood Progress Administration	________%
County Government	________%
Other governmental support, specify	
________________________	________%
________________________	________%
Non-governmental support	________%
Total	100 %

2.0 CHARACTERISTICS OF THOSE SHELTERED

For each of the following characteristics, please indicate the percentage of your clientele in each category (estimate, it necessary) during the past year.

2.1 Age

0-5 ________%
6-17 ________%
18-30 ________%
31-60 ________%
Over 60 ________%
TOTAL ___100___%

2.2 Race

Black ________%
White ________%
Other ________%
TOTAL ___100___%

2.3 Primary cause of Homelessness

Eviction ________%
Foreclosure ________%
Deinst.-Mental Health ________%
Deinst.-Mental Rtdn. ________%
Deinst.-Corrections ________%
Family violence ________%
Unemployment ________%
Other causes, specify:
____________________ ________%
____________________ ________%
TOTAL ___100___%

2.4 Sex

Male ________%
Female ________%
TOTAL ___100___%

2.5 Groups of Special Interest

Persons alone ________%
Persons in families ________%
Veterans ________%
Migrant or seasonal worker ________%

2.6 Special Problems/Needs (may total more than 100%)

Health (Mental) ________%
Health (physical) ________%
Health (drugs/alcohol) ________%
Mental retardation ________%
Unemployment ________%
Family violence ________%
Transportation ________%
Other, specify ________%
____________________ ________%
____________________ ________%

2.7 Please describe any noteable increase or decrease in any of the characteristics listed above over the past three years. ____

____

3.0 UNMET NEEDS

3.1 What was the number of persons requesting shelter but were turned away **on an average night** during each of the following months? (estimate, if necessary)

August 1984 ________
November 1984 ________
February 1985 ________
May 1985 ________

3.2 On the average last year, what percentage of persons turned away were for the following reasons? (estimate, if necessary)

Lack of space ________%
Intoxication ________%
Drug addiction ________%
Mental illness ________%
Mental retardation ________%
Two-parent families ________%
Physical handicap ________%
Unattached young males (under 25) ________%
Lack of income ________%
Potential for disruptive behavior ________%
Others, specify
________________ ________%
________________ ________%

3.3 List below on separate lines Maryland counties (include Baltimore City if appropriate) your agency serves.

____
____
____
____
____
____
____
X X X X X X X X X Other areas

3.4 What percenage of your clients last year were from each of the counties and the City in 3.3 (estimate if necessary)? Also, indicate the percentage from other areas.

________________%
________________%
________________%
________________%
________________%
________________%
________________%
________________%
________100________%

3.5 What is your best estimate of the largest number of homeless people on a given night last year for which no shelter was available? Indicate for each of the counties and the City.

____
____
____
____
____
____
____
____
X X X X X X X X

3.6 Indicate in Column 1 those services you believe are essential to solve the problems of the homeless and, in Column 2, those services you consider to be not adequately available in your jurisdiction (Check as many as apply).

Services	**Column 1 Essential**	**Column 2 Not adequate**
Counseling		
Case management		
Cash assistance		
Health services (mental)		
Health services (physical)		
Job training and employment		
Affordable housing		
Subsidized rental housing		
Meals		
Supervised housing		
Short-term emergency shelter		
Transitional shelter (3-12 mos.)		
Outreach		
Transportation		
Others, specify		

3.7 For the following groups of homeless please indicate your judgement of those not adequately served in your jurisdiction. (Check as many as apply, categories are not mutually exclusive).

	No adequately served
Single men	
Single women	
Children	
Women with children	
Two-parent families	
Mentally ill	
Mentally retarded	

Physically ill or disabled ____________

Multiple disabilities ____________

Substance abusers ____________

Runaway or abandoned youth ____________

Elderly ____________

Domestic violence victims ____________

Ex-offenders ____________

Long-term transients or street people ____________

Unemployed ____________

Others, specify

____________ ____________

____________ ____________

4.0 COMMENTS

4.1 Which of the following are barriers to establishing or expanding shelter services to the homeless in your jurisdiction (check all that apply)?

Zoning ☐, Community opposition ☐, Funding ☐, Other, specify ____________________

4.2 Please explain any policies or administrative practices that impede services to the homeless in your jurisdiction (specify target groups where appropriate). ____________________

4.3 Please indicate any specific resources for the homeless which need to be developed in your jurisdiction (specify target groups where appropriate). ____________________

4.4 Please indicate the names, addresses and phone numbers of any other individuals in your area who might be key informants on homelessness in your jurisdiction. ____________________

4.5 Other comments. ____

____

____

____

____

D.S.S. HOMELESS SURVEY

NAME OF AGENCY ____

NAME OF DIVISION OR BRANCH ____

CONTACT PERSON ______________________________ PHONE ________________

1.0 GENERAL INFORMATION

1.1 Please check the services provided by your agency to homeless citizens:

Placement in short-term emergency shelter ________
Placement in transitional shelter (3 mos. to 1 yr.) ________
Placement in permanent housing ________
Case management ________
Counseling ________
Transportation ________
Day shelter ________
Emergency cash assistance ________
Assistance in applying for public benefits ________
Others, specify: ________
______________________ ________

1.2 What was the total number of homeless people placed in shelter (agency-operated, motels, hotels, etc.? by your agency during the following fiscal years ended June 30th? (estimate if actual figures are unavailable; substitute other annual reporting intervals if fiscal years are not used)

	FY 1985	**FY 1984**	**FY 1983**
Total placed	________	________	________

1.3 What percentage of your shelter placements last year were in:

D.S.S.—operated shelters	______%
Non-profit agency-operated shelters	______%
Hotels and motels	______%
Boarding houses, private homes	______%
Others, specify	______%
______	______%
______	______%

1.4 What was the number of persons placed in agency-operated, motels, hotels, etc. **on an average night** in each of the following months? (estimate, if necessary)

	D.S.S.—operated shelters	**Agency—operated shelters**	**Hotels, motels**	**Boarding houses, private homes**
August, 1984				
November, 1984				
February, 1985				
May, 1985				

1.5 Are there any limitations on the length of stay clients are allowed? Yes ☐ No ☐

If yes, what are they? ______________________________

____

1.6 What was the average length of stay of your clients sheltered last year? ______________________________

____

(Balance of DSS Survey same as Shelter Provider Survey.)

APPENDIX C

Round Table Participants and Key Informants

(An asterisk identifies persons attending a Round Table)

Pat Batch,
Social Security Administration
Connie Braxton,
Balitmore City DSS
*Alice Brock,
Women's Housing Coalition
Joseph P. Brown,
The Shephard's Table
*Diane Cabot,
Mental Health Association
*Lindy Chinault,
Southern Maryland Tri-County Community Action Agency
*Geraldine Coleman,
YWCA Corner House
Greg Conderacci,
Associated Catholic Charities
*Joyce Cramer,
United Way of Frederick County
Herb Cromwell,
Maryland Mental Health Association
*Joyce Davis,
Way Station, Inc.
*George J. Domine,
Salvation Army Bethesda Shelter
Ruth Edwards,
Citizens Against Spousal Assault of Howard County
*Enid Ethridge,
Prince George's County Health Department
*Liz Farrell,
The Shephard's Table
Ron Fisher,
Division of Vocational Rehabilitation
*Nancy Friedman,
Traveler's Aid Society
Harriet Goldman, Homeless Services Program,
Department of Human Resources
*Jane Harrison,
Women's Housing Coalition
*Lona B. Hattes,
United Communities Against Poverty
Mendel L. Heilig,
Maryland Department of Employment and Training,
Salisbury
*Anna Lee Hisey,
Family Crisis Center
Jann Jackson,
House of Ruth
*Andy Keller,
Charles County Department of Social Services
*Stephanie King,
Greater Baltimore Shelter Network
*Jackie LaPrade,
Prince George's County Department of Social Services
*Katherine LaVeque,
Greater Baltimore Shelter Network
*Sister Pat McLaughlin,
My Sister's Place
*Jackie Morrison,
Archway Station
Pat O'Mara, Income Maintenance, Medical Assistance
*Captain Lee Ann Oxendine,
Salvation Army, Hagerstown
*Esmie Parchment,
Montgomery County Department of Social Services

Lt. Margaret Patten,
Baltimore City Police Department
*Richard Paulman,
Allegany County Department of Social Services
Vince Perticone,
Baltimore City Department of Social Services
*Norma T. Pinette,
Travelers Aid Society
*Carol Reaner,
Salvation Army, Hagerstown
*Ann Reiss,
St. Luke's House
*Kathleen Riley,
Hartley House
*Mary Jane Roberts,
Salvation Army Bethesda Shelter
*Ray Rother,
Central Maryland Catholic Charities
*Judy Rudolf,
Frederick County Department of Social Services
*Ella May Russell,
St. Mary's County Department of Social Services
*Jerry Shank,
Way Station, Inc.
*Charles C. Shell,
Frederick Union Rescue Mission
*Lauren Siegel,
Baltimore County Department of Social Services
Stelios Spiliadis, Project HOME,
Department of Human Resources

Judith Stewart,
YWCA Battered Spouse Shelter of Annapolis and
Anne Arundel County
David Tabler, Emergency Environment Services,
Baltimore City Department of Social Services
Margo Thomas,
Health Care for the Homeless
*Alice Thompson,
Prince George's County Department of Housing and
Community Development
Paula Tolson,
Income Maintenance Administration
*Laura D. Trumpower,
Salvation Army, Hagerstown
*Marjorie D. Turner,
YWCA Corner House
Scott Uhl,
Mental Health Administration
*Sally Whitener,
Mental Health Association
Catherine Zandler,
Advocates for the Disabled, Phoenix, Arizona

APPENDIX D

Agencies Offering Estimates of Unserved Homeless Persons

County	Agency
Allegany	Department of Social Services Archway Station Women's Refuge
Anne Arundel	Department of Social Services Women's Housing Coalition
Baltimore	Department of Social Services Women's Housing Coalition
Calvert	Associated Catholic Charities
Caroline	Department of Social Services Mid-Shore Council on Family Violence
Carroll	Department of Social Services Carroll House Men's Shelter
Cecil	Department of Social Services
Charles	Associated Catholic Charities
Dorchester	Department of Social Services Mid-Shore Council on Family Violence
Frederick	Battered Spouse Program Department of Social Services Frederick Union Rescue Mission Religious Coalition for Emergency Needs
Garrett	Department of Social Services Women's Refuge
Harford	Forward Step
Howard	Citizens Against Spousal Assault Grassroots Department of Social Services
Kent	Mid-Shore Council on Family Violence
Montgomery	Carroll House Men's Shelter Greentree Shelter Rainbow Shelter Day Shelter for Women Salvation Army-Bethesda Viers Mill Drop-In Center Women's Overnight Shelter
Prince George's	Carroll House Men's Shelter Help-By-Phone Department of Social Services
Queen Anne's	Mid-Shore Council on Family Violence
St. Mary's	Associated Catholic Charities
Somerset	Diakonia Department of Social Services
Talbot	Mid-Shore Council on Family Violence Neighborhood Service Center
Wicomico	Christian Shelter Diakonia Department of Social Services
Worcester	Diakonia Department of Social Services
Baltimore City	Department City of Social Services Christopher's Place House of Ruth Lumina House Salvation Army Trancare Women Housing Coalition YWCA Corner House

APPENDIX E

Directory of Shelter Agencies Identified

The following list includes many agencies identified after the Study Survey and analysis were completed; therefore, the number of beds reported in this list will, in some cases, differ from those reported in the county summaries.

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
ALLEGANY COUNTY							
Allegany County Dept. of Social Services 218 Paca Street Cumberland, MD 21502 777-5500	Emergency shelter placement, permanent housing, case management, counseling, transportation, assistance with benefit application		X	X	X	X	X
Archway Station 121 Memorial Avenue Cumberland, MD 21502 777-1700	Emergency shelter shared by area agencies; meals, day shelter	2 bdrms.	X	X		X	X
Salvation Army-Cumberland Corps P.O. Box 2436 Cumberland, MD 21502 777-7600	Primarily single transient men; refers to motels or missions for shelter, meals, counseling		X	X	X	X	X
Union Rescue Mission 16 Queen City Pavement Cumberland, MD 21502 724-1582	Emergency shelter, meals, counseling, transportation, primarily serves men alone, one room for family	33	X			X	X
United Family Services of the Frostburg Area 2 Bowery Street Frostburg, MD 21532 689-8633	Refers to hotels and motels, food, transportation		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Women's Refuge, Inc. 3 Pershing St. #108 Cumberland, MD 21502 759-9244	Battered women and victims of rape/ sexual assault	12				X	
YMCA Shelter 205 Baltimore Ave. Cumberland, MD 21502 724-5445	Emergency and transitional shelter	47	X				
ANNE ARUNDEL COUNTY							
Anne Arundel County Department of Social Services 80 West Street Annapolis, MD 21404 267-9350	Emergency shelter placement, permanent housing, counseling, case management, cash assistance, food, transportation, assistance with benefit application		X	X	X	X	X
Christian Workers of Annapolis 811 West Street Annapolis, MD 21403 263-8754	Emergency and transitional shelter, meals, counseling, case management, job and medical assistance, clothing	10	X	X	X	X	X
Helping Hand Asbury United Methodist Church 191 Clay Street Annapolis, MD 21401 268-9075	Emergency shelter, food, clothing (fee charged)	15-20	X	X		X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Salvation Army-Annapolis Corps 351 Hilltop Lane Annapolis, MD 21401 263-4091	Emergency shelter in motels, meals, counseling, recreation, day care for children		X	X	X	X	X
Salvation Army-Glen Burnie Corps P.O. Box 45 Glen Burnie, MD 21061 768-0477	Transients; refers to local motels or missions for shelter, meals, counseling, clothing		X	X	X	X	X
YWCA Battered Spouse Shelter 67 Duke of Gloucester St. Annapolis, MD 21401 268-4393	Women and children in domestic violence situations; emergency shelter, meals, case management, counseling, cash assistance	20		X		X	
BALTIMORE CITY							
American Rescue Workers 1001 E. Patapsco Ave. Baltimore, MD 21230 354-1900	Emergency and transitional housing; meals, counseling	16-18 (trans) 6-8 (emerg.)	X				
Antioch Church Shelter and Home 2926 Harford Road Baltimore, MD 21218 467-8334	Emergency shelter	50	X	X		X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Baltimore American Indian Center 113 S. Broadway Baltimore, MD 21231 342-2533	Men in transition	8	X				
Baltimore City Department of Social Services Emergency Services Unit 1500 Greenmount Ave. Baltimore, MD 21202 234-2172	Emergency and transitional housing placement, permanent housing placement, case management, cash assistance, counseling transportation assistance with benefit application		X	X	X	X	X
Baltimore Rescue Mission 4 N. Central Ave. Baltimore, MD 21202 342-2533	Men in transition; emergency shelter, meals, counseling	150	X				
Barnabas House c/o Episcopal Social Ministries 105 W. Monument Street Baltimore, MD 21201 837-0300	Emergency shelter	10	X				
Christopher Place 709 E. Eager Street Baltimore, MD 21202 576-0066	Homeless, single men; emergency shelter, meals, counseling, case management, day center, transportation, cash assistance	24	X				

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Fellowship of Lights 1300 N. Calvert St. Baltimore, MD 21202 837-8155	Runaway, throwaway or otherwise homeless youth 12-17; emergency shelter, meals, counseling, case management, transportation, day shelter, aftercare	9			X		
Helping Up Mission 1029 E. Baltimore St. Baltimore, MD 21202 675-5003	Homeless men; emergency and transitional shelter, meals, counseling	120	X				
House of the Holy Redeemer 1401 Battery Ave. Baltimore, MD 21202 576-9565	Transitional shelter, meals, clothing	13	X				
House of Ruth 2437 Maryland Ave. Baltimore, MD 21218 889-0840	Battered women and children; emergency shelter, meals, cash management, counseling transportation, cash assistance, legal advocacy	15		X		X	
Howell House (see Women's Housing Coalition)							
Karis Hospice c/o Baltimore Rescue Mission 4 N. Central Ave. Baltimore, MD 21202 342-2533	Homeless women; emergency shelter, meals, counseling	15	X			X	

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Lombard House (see Women's Housing (Coalition)							
Lumina House 2023 W. Baltimore St. Baltimore, MD 21223 730-2747 or 233-5316	Single women over 30; transitional housing	10		X			
Marian House 949 Gorsuch Avenue Baltimore, MD 21218 467-4121	Women who are ex-offenders, transients, former mental patients, evictees, threatened spouses; transitional housing, meals, case management, counseling, transportation, job counseling, housing assistance	17		X			
Baltimore City Health Department Health and Human Services 1111 N. Calvert St. Baltimore, MD 21202 396-5412	Vouchers for shelter at hotels when shelters are without room		X	X	X	X	X
My Sister's Place 123 W. Mulberry St. Baltimore, MD 21202 727-3523	Homeless women; counseling, case management, day shelter, cash assistance			X			
Noah's Ark 2859 W. Garrison Blvd. Baltimore, MD 21216 542-1176	Transitional housing, meals, counseling	7		X		X	

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Prisoner's Aid Association of Maryland 1 E. Mt. Royal Ave. Baltimore, MD 21202 727-8130	Homeless ex-offenders; emergency shelter, meals, counseling, case management, employment assistance	18	X	X			
Project PLASE 31 E. 21st Street Baltimore, MD 21218 837-1400	Emphasis on mentally ill and at-risk groups; emergency shelter, meals, counseling, case management, transportation	12	X	X			
Salvation Army-Baltimore (Women's and Children's Residence) 1114 N. Calvert St. Baltimore, MD 21202 685-8878	Emergency shelter for women and children; meals, case management, day shelter, cash assistance, transportation, counseling, serves D.S.S. clients on contract; provides emergency shelter to two-parent families	35		X		X	X
Trancare Inc. of Maryland 222 W. Monument St. Baltimore, MD 21201 383-1180	Children abandoned, abused, victims of domestic violence; emergency shelter, meals, counseling, case management, transportation	15			X		

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Travelers Aid Society of Baltimore 601 N. Howard St. Baltimore, MD 21201 685-3569	Refers to local shelters or purchases emergency shelter at hotel; uses D.S.S. Protective Services if a minor; meals, counseling, case management, transportation, cash assistance		X	X	X	X	X
United Brethren for Christ 2112-16 McCulloh Street Baltimore, MD 21217 669-4121 or 462-6757	Emergency and transitional shelter, counseling, meals, clothing	30 beds and 3 apts.	X	X	X	X	X
Upton House (see Women's Housing Coalition)							
VIVA House 26 S. Mount St. Baltimore, MD 21223 233-2049	Emergency shelter for women and women with children	9					
Women's Housing Coalition 321 E. 25th St. Baltimore, MD 21218 235-5785	Transitional housing for single adult women; counseling, case management, transportation, cash assistance, linkages with health services	20		X			

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
YWCA Corner House Baltimore City 128 W. Franklin St. Baltimore, MD 21201 685-1460	Emergency shelter, meals, counseling, case management, transportation, cash assistance, clothing, furnishings, personal care items	62		X		X	X
BALTIMORE COUNTY							
Baltimore County Department of Social Services 620 York Road Towson, MD 21204 494-2520	Emergency shelter placement, assistance in locating permanent housing, case management, counseling transportation, cash assistance, assistance with benefit applications		X	X	X	X	X
Family Crisis Center P.O. Box 3909 Dundalk, MD 21222 285-7496	Battered women and children; emergency shelter, meals, counseling	20	X	X		X	X
Maryland Children's and Family Services 3610 Milford Mill Road Baltimore, MD 21207 828-6390	Battered spouses and their children; referrals to motels					X	

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
CAROLINE COUNTY							
Caroline County Department of Social Services 207 S. Third Street Denton, MD 21629 479-4628	Placement in emergency and transitional housing; counseling, transportation, cash assistance, assistance in applying for benefits		X	X	X	X	X
Mid-Shore Council on Family Violence Carter Bldg., P.O. Box 5 Denton, MD 21629 822-5276	Victims of domestic violence; referrals to motels and volunteer homes, meals, counseling, case management, cash assistance, legal advocacy, transportation		X	X	X	X	X
CARROLL COUNTY							
Carroll County Department of Social Services 95 Carroll St. Westminster, MD 21157 848-5060	Emergency shelter operation for women; emergency and transitional shelter placement, permanent housing placement, case management, counseling, cash assistance, day shelter, transportation, meals, clothing, assistance in applying for benefits, household goods, advocacy		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
YWCA Corner House- Baltimore County Hannah More Center 12035 Reisterstown Rd. Reisterstown, MD 21136 833-7768	Emergency shelter, meals, counseling, transportation, assistance, clothing, furnishings, personal care items	18		X		X	X
CALVERT COUNTY							
Associated Catholic Charities P.O. Box 779 Prince Frederick, MD 20678 535-0865	Emergency shelter placement, transportation, cash assistance, vouchers, clothing, job assistance		X	X	X	X	X
Calvert County Department of Social Services Calvert Executive Plaza Prince Frederick, MD 20678 535-4700	Emergency shelter placement, counseling, transportation, assistance with benefit applications		X	X	X	X	X
Calvert County Health Department Route 4, P.O. Box 980 Prince Frederick, MD 20678 538-0128	Battered spouses and their children.			X		X	
Southern Maryland Tri- County Community Action Calvert County Nursing Box 274, Rt. 2 Prince Frederick, MD 535-2306	Referrals to motels, food, referrals to other agencies					X	

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Maryland Children's and Family Services 22 North Court St. Westminster, MD 21157 857-0077	Battered spouses; emergency shelter, meals, counseling, case management, cash assistance, transportation					X	
Westminster Rescue Mission Railroad Avenue Westminster, MD 21157 848-2222	Men with alcoholic problems; limited emergency shelter, meals, counseling	20	X				
CECIL COUNTY							
Cecil County Department of Social Services 170 E. Main Street Elkton, MD 21921 398-1414	Emergency shelter placement, permanent housing placement, counseling, cash assistance, assistance in applying for benefits, transportation		X	X	X	X	X
Meeting Ground, Inc. 107 Delaware Ave. Elkton, MD 21921 392-3083	Emergency shelter, meals, counseling, case management, day shelter, transportation, cash assistance	30	X	X		X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
CHARLES COUNTY							
Associated Catholic Charities 109 LaGrange Ave. LaPlata, MD 20646 934-2582	Emergency shelter placement, transportation, cash assistance vouchers, clothing job assistance		X	X	X	X	X
Charles County Children's Aid Society 3000 Huntington Circle Waldorf, MD 20601 645-1561	Referrals to emergency shelters, families with children					X	X
Charles County Department of Social Services 8 Kent Avenue LaPlata, MD 20646 934-2700	Emergency shelter placement, counseling, case management, cash assistance, assistance with benefit application, food		X	X	X	X	X
Community Crisis and Referral Center Tri-County Federal Savings and Loan Bldg. P.O. Box 1291 Waldorf, MD 20601 645-3336	Counseling and referral; battered women and their children			X		X	
Southern Maryland Tri-County Community Action Agency Hartman Bldg., Box 378 Hughesville, MD 20637 274-4473	Referrals to motels, food, referrals to other agencies		X	X		X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
DORCHESTER COUNTY							
Dorchester Community Development Corporation 445 Race Street Cambridge, MD 21613	Vouchers for motel shelter						
Dorchester County Department of Social Services 744 Cambridge Plaza Cambridge, MD 21613 228-5100	Emergency shelter placement, permanent housing placement, case management, counseling, assistance with benefit application, transportation, food referrals		X	X	X	X	X
Salvation Army-Dorchester County P.O. Box 91 Cambridge, MD 21613 228-2515	Emergency shelter, counseling, food	4	X	X		X	X
FREDERICK COUNTY							
Frederick County Department of Social Services 118 North Market St. Frederick, MD 21701 667-6151	Emergency shelter placement, permanent housing placement counseling, assistance with benefit application, transportation, food referrals		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Frederick Union Rescue Mission 200 S. Market St. Frederick, MD 21701 662-5219	Primarily men with alcoholic problems; emergency shelter, meals, counseling	26	X	X	X	X	X
Hartley House (Frederick County Battered Spouse Program) P.O. Box 831 Frederick, MD 21701 662-8800	Battered women; emergency shelter, meals, counseling, case management, advocacy, accompaniment	13		X		X	
Religious Coalition for Emergency Human Needs Brook Hill United Methodist Church 8946 Indian Spring Road Frederick, MD 21701 662-1727	Refers women with children and two parent families to emergency shelter in motels; groceries, vendor payments for rent, fuel, utilities, prescriptions					X	X
Salvation Army-Frederick P.O. Box 1003 Frederick, MD 21701 662-2311	Transients; refers to local motels or missions for shelter. meals, counseling, case management, clothing, transportation		X	X	X	X	X
GARRETT COUNTY							
Garrett County Department of Social Services Route 135 Oakland, MD 21550 334-9461	Emergency shelter placement, permanent housing placement, case management, food		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
House of Hope 202 S. Fourth St. Oakland, MD 21550 679-8486 or 1585	Emergency shelter, food	8		X		X	
HARFORD COUNTY							
Forward Step, Inc. P.O. Box 1005 Edgewood, MD 21040 679-8486	Women in crisis; emergency and transitional shelter, meals, counseling case management, transportation, day shelter, day care for children	36		X	X	X	
Harford County Department of Social Services 2 S. Bond Street Bel Air, MD 21014 836-4700	Emergency shelter placement, permanent housing placement, case management, counseling, assistance with benefit application, transportation		X	X	X	X	X
Salvation Army-Havre de Grace Corps Box 309, Weber St. Ext. Havre de Grace, MD 21078 939-3535	Refers to local motel for shelter, meals, counseling		X	X		X	X
Sexual Assault-Spouse Abuse Resource Center 102 S. Hickory St. Bel Air, MD 21014 876-8430	Battered women and their children; emergency and transitional shelter, counseling, transportation	4		X		X	

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
HOWARD COUNTY							
Audrey Robbins Shelter c/o Grassroots 8045 Route 22 Columbia, MD 21044 531-6677	Emergency shelter, meals, counseling, case management	6	X	X	X	X	X
Citizens Against Spousal Assault 8045 Route 32 Columbia, MD 21044 531-6030	Battered women and their children: emergency shelter, meals, counseling, transportation, cash assistance	7		X		X	
Grassroots Crisis Intervention and Peer Counseling Center 8045 Route 32 Columbia, MD 21044 531-6066	Emergency shelter, placement, counseling, cash assistance, assistance in applying for benefits	6	X	X	X	X	X
Howard County Department of Social Services 3451 Courthouse Drive Ellicott City, MD 21034 455-8790	Emergency shelter placement, counseling cash assistance, assistance with benefit applications		X	X	X	X	X
KENT COUNTY							
Kent County Department of Social Services 350 High Street Chestertown, MD 21620 778-0820	Emergency shelter placement, food vouchers		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
MONTGOMERY COUNTY							
Carroll House Men's Shelter 2699 Linden Lane Silver Spring, MD 20910 495-7359	Male street people; emergency and transitional shelter, counseling, case management, day shelter, transportation, transit tokens	25	X				
Gaithersburg Help, Inc. 202 S. Summit Ave. Gaithersburg, MD 20877 997-2793	Shelter referral, meals, transportation, cash assistance		X	X		X	X
Greentree Shelter 6301 Greentree Rd. Bethesda, MD 20034 365-4480	Young mothers with children; emergency shelter, meals, counseling, case management, day shelter, transportation	40		X		X	
Montgomery County Community Crisis Center 4910 Auburn Ave. Bethesda, MD 20814 656-9161	Emergency shelter for men, women, and families; meals, case management, counseling, bus tokens	4	X	X		X	X
	Children alone; case management, bus tokens				X		

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Montgomery County Department of Social Services 5630 Fishers Lane Rockville, MD 20852 468-4309	Emergency and transitional shelter placement, permanent housing placement, case management, counseling, cash assistance, assistance with benefit application		X	X	X	X	X
RUMC Day Shelter for Women 112 W. Montgomery Ave. Rockville, MD 20850 495-4900	Single adult homeless women; day shelter, counseling, transportation			X			
Rainbow Shelter Rockville Presbyterian Church 215 W. Montgomery Ave. Rockville, MD 20850 933-4140	Chronically homeless women; emergency and transitional shelter (October to March), meals, referrals, clothing	25		X			
Salvation Army Bethesda 4848 Cordell Avenue Bethesda, MD 20014 968-8998	Homeless men, often unemployed and/or with mental problems; emergency shelter, meals, counseling, case management, transportation, referrals	15	X				

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Stepping Stones Shelter P.O. Box 712 Rockville, MD 20851 251-0567	Emergency shelter, meals, case management	15-20 Beds	X	X		X	X
Viers Mill Drop-In Center c/o Catholic Charities 2699 Linden Avenue Silver Spring, MD 20910 495-7359	Day shelter for men; counseling, transportation		X				
Womens Overnight Shelter c/o Catholic Charities 2699 Linden Avenue Silver Spring, MD 20910 495-7359	Street people; emergency and transitional shelter, counseling, case management, day shelter, transportation	12 (closed Sept. 1985)		X			
PRINCE GEORGE'S COUNTY							
Adelphi Friends Meeting House 2303 Metzerott Road Adelphi, MD 20783 445-1114	Emergency shelter; food and kitchen privileges	8	X	X		X	X
American Rescue Workers 716 Richie Road Forestville, MD 336-8200	Primarily substance abuse	60	X				
Christian Community Presbyterian Church 3120 Belair Drive Bowie, MD 20715 262-6008	Emergency shelter (one family at a time, 5 day limit)						

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Family Crisis Center of Prince George's County P.O. Box 96 Brentwood, MD 20722 864-9101	Abused women; emergency shelter, meals, counseling, case management, transportation	20		X		X	
Help by Phone, Ltd. P.O. Box 324 Riverdale, MD 20737 699-9009	Homeless in the County; emergency shelter	8	X	X		X	X
Hope House c/o Catholic Charities 2400 Brinkley Rd. Ft. Washington, MD 20744 839-9000	Evicted women with children; transitional housing, meals, counseling, case management, cash assistance, transportation	5		X		X	X
Prince George's County Department of Social Services 6111 Ager Road Hyattsville, MD 20782 422-0400	Emergency shelter placement, case management, counseling, transportation, assistance with benefit application		X	X	X	X	X
Southern Area Youth Services 10215 Old Fort Place Ft. Washington, MD 20744 292-3825	Runaway and homeless youth, 12-17; emergency shelter, meals, counseling, case management, transportation, day shelter	7			X		

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Youth Resources Center 6201 Belcrest Road Hyattsville, MD 20782 779-1257	Runaway, throwaway homeless youth, 12-17; emergency shelter, meals, counseling, case management, transportation, day shelter, cash assistance, health referrals, advocacy	8			X		
United Communities Against Poverty 1400 Doewood Lane Capital Heights, MD 20743 332-5700	Opened in the fall of 1985 with the following: emergency shelter, counseling, case management, transportation, food and meals	6		X		X	
QUEEN ANNE'S COUNTY							
Queen Anne's County Department of Social Services 120 Broadway Centerville, MD 21617 758-0440	Emergency shelter placement, permanent housing placement, case management counseling, cash assistance, food transportation, assistance with benefit application		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
ST. MARY'S COUNTY							
Associated Catholic Charities P.O. Box 59 Leonardtown, MD 20650 475-9653	Emergency shelter placement, transportation, cash assistance, voucher, clothing job assistance		X	X	X	X	X
St. Mary's County Department of Social Services Guyther Drive and Courthouse Square Leonardtown, MD 20650 475-3051	Emergency shelter placement, permanent housing placement, case management, transportation, counseling, assistance with benefit application		X	X	X	X	X
Waldon-Sierra, Inc. P.O. Box 224 St. Andrews Church Rd. California, MD 20619 863-6661	Battered women and their children; shelter placement, counseling			X		X	
SOMERSET COUNTY							
Somerset County Department of Social Services Mt. Vernon Road Princess Anne, MD 21853 651-0311	Emergency shelter placement, counseling, case management, assistance with benefit application		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
TALBOT COUNTY							
Neighborhood Service Center 107 Federal Street Easton, MD 21601 822-5015	Homeless locals, migrant workers, transients; emergency shelter in motels, meals, counseling, case management, day shelter, transportation, vouchers to venders		X	X		X	X
	Children alone; counseling, case management, vouchers, transportation				X		
Talbot County Department of Social Services 10 S. Hanson St. Easton, MD 21601 822-1617	Emergency shelter placement, case management, counseling, transportation, day shelter, cash assistance, assistance with benefit application		X	X	X	X	X
WASHINGTON COUNTY							
Citizens Assisting and Sheltering the Abused 116 W. Baltimore St. Hagerstown, MD 21740	Battered women and their children; emergency shelter, meals, counseling	2 Rooms		X		X	

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Hagerstown Union Rescue Mission (Four States Christian Missions, Inc.) 125 N. Prospect Hagerstown, MD 21740 739-1165	Emergency shelter, meals, counseling, case management, transportation	75	X				
Salvation Army - Hagerstown 534 W. Franklin St. Hagerstown, MD 21740 733-2440	Emergency shelter, meals, counseling	9				X	
Washington County Community Action Agency 101 Summit Ave. Hagerstown, MD 21740 791-3128	New emergency shelter to open 8/86 emergency and transitional shelter placement, case management	4-5				X	X
Washington County Department of Social Services 1260 Maryland Ave. Hagerstown, MD 21740 791-4030	Emergency and transitional shelter placement, permanent housing placement, case management, counseling, cash assistance, transportation, assistance with benefit application		X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
WICOMICO COUNTY							
Christian Shelter, Inc. 362 Barclay St. Salisbury, MD 21801 749-5673	Emergency shelter, meals, counseling, case management, transportation	30	X	X		X	X
Life Crisis Center P.O. Box 287 Salisbury, MD 21801 749-4357	Victims of domestic violence; no shelter			X		X	
Salvation Army - Salisbury Corps P.O. Box 1014 Salisbury, MD 21801 749-7771	No shelter provided; meals, counseling, case management, clothing, blankets, referrals		X	X		X	X
Wicomico County Department of Social Services Route 50 Salisbury, MD 21801 543-6900	Emergency shelter placement, permanent housing placement, transportation, cash assistance, assistance with benefit application		X	X	X	X	X
WORCESTER COUNTY							
Diakonia, Inc. Route 1 Box 351 Ocean City, MD 21842 289-0923	Emergency shelter, meals, referral services	13	X	X	X	X	X

NAME OF AGENCY ADDRESS/PHONE	PRIMARY CLIENT GROUP/SERVICES	NUMBER OF BEDS	MEN ALONE	WOMEN ALONE	CHILDREN ALONE	WOMEN WITH CHILDREN	TWO PARENT FAMILIES
Pocomoke Civic Council 332 Winter Quarters Drive Pocomoke City, MD 21851	Emergency placement in local motels primarily due to loss of home in disasters, meals		X	X	X	X	X
Worcester County Department of Social Services 424 West Market St. Snow Hill, MD 21863 632-2705	Emergency shelter placement, food banks, rent subsidy		X	X	X	X	X

APPENDIX F

Survey Data By Local Jurisdiction

The Number of Persons Sheltered category: numbers listed under FY 83, 84 and 85 represent unduplicated counts from each agency. However, some persons may have been served by more than one agency over the year.

The Average Turned Away On A Given Night: numbers represent averages based on unduplicated counts from individual service agencies; however, some people may have been turned away by more than one agency on a given night. A number of shelters and service agencies do not keep a count of the numbers turned away; therefore, the turn away figures should be regarded as minimal.

The Homeless Served in FY 85 (characteristics, service needs, problems): percentages may not add up to 100% due to extensive rounding of numbers, under or over reporting by respondents, or because an individual could be reported in more than one category. For example, an individual could have service needs in many areas, such as substance abuse, transportation and physical health.

Allegany County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	20
Average sheltered	61
Total homeless	80*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	47
Women	6
Children	6
General population	37
TOTAL BEDS	96

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	61.5
Nov. 1984	62.5
Feb. 1985	55.5
May, 1985	62.5
AVERAGE	61.0

TOTAL SHELTERED

FY 83	592
FY 84	580
FY 85	649

AVERAGE TURNED AWAY[2] ON A GIVEN NIGHT

Aug. 1984	2
Nov. 1984	2
Feb. 1985	2
May, 1985	2
AVERAGE	2

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 4

AGE:	0 - 17	12%	(25)
	18 - 30	28%	(25)
	31 - 60	37%	(28)
	61 +	19%	(22)

N = 4

RACE:	Black	2%	(2)
	White	98%	(98)
	Other	0%	(0)

N = 4

SEX:	Male	76%	(47)
	Female	24%	(53)

*Number in parentheses indicates approximate distribution by category in general population.

SPECIAL GROUPS

N = 4

Persons alone	73%
Families	2%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 4

Mental Health	6%
Mental Retardation	2%
Unemployment	66%
Transportation	6%
Physical Health	10%
Substance Abuse	4%
Domestic Violence	26%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 5

Eviction	3%
Unemployment	59%
Foreclosure	0%
Domestic violence	26%
Deinstitutionalization	
Mental Health	1%
Mental Retardation	0%
Correctional	0%
Other	10%

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private sector		73%
Public sector		27%
Federal		11%
FEMA	1%	
CDBG	10%	
Local		1%
Other		5%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	10 (6)
Percent of total housing stock substandard	24.7 (2)
Percent of total housing stock overcrowded	1.8 (21)
Percent of families living in poverty	9 (10)
Percent of households with incomes less than $10,000	36.7 (4)
AFDC recipients per 10,000 population	525 (2)
Food stamp recipients per 10,000 population	1087 (4)
GPA recipient per 10,000 population	18 (8)

UNDERSERVED GROUPS: Most frequently mentioned: two-parent families; the mentally ill, substance abuseres, and the employed.

Next most frequently mentioned: single men and women; women with children; the mentally ill, runaway or abandoned youth; the elderly, ex-offenders; and long-term transients.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: cash assistance; mental health services; physical health services; and job training and employment. Less frequently mentioned were: affordable housing and transitional housing.

RESPONDENT COMMENTS: Homelessness, while not readily apparent, is growing — along with unemployment — in the county. Short- and long-term shelter is needed for women. The domestic violence shelter reported the lack of affordable permanent housing to be an overwhelming problem. The Salvation Army noted an increase in drug and alcohol abuse among its clients over the past three years.

COMMENTS: Family groups are underserved in the county. Services at the YMCA frequently cannot be used because homeless persons cannot pay the minimal charges.

[1] The Salvation Army purchases lodging for women, children and families and a limited number of transients are given one night's lodging by another agency. The maximum length of stay ranged from 3 to 21 days; the average stay was one to seven nights. The local department of social services provides emergency shelter placement; help in locating permanent housing; case management; counseling; transportation; and help in applying for benefits. Over 90 percent of clients served by DSS and some private providers were county residents; five percent were from Garrett County. However, 90 percent of those served by the Salvation Army were transients, and 10 percent were from Garrett and Allegany Counties.

[2] The domestic violence program turned away an average of two persons a night due to intoxication, disruptive behavior, or mental health problems. When the local department of social services was unable to provide service it was usually due to an inability to find resources for single males under 25; less frequently because of intoxication or disruptive behavior. The YMCA does not serve persons who cannot pay for service.

Anne Arundel County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	150
Average sheltered	37
Total homeless	190*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	9
Women	15
Children	10
General population	16
TOTAL BEDS	50

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	39
Nov. 1984	33
Feb. 1985	37
May, 1985	39
AVERAGE	37

TOTAL SHELTERED[1]

FY 83	271
FY 84	301
FY 85	546

AVERAGE TURNED AWAY[2] ON A GIVEN NIGHT

Aug. 1984	2
Feb. 1985	less than 1
May, 1985	less than 1
AVERAGE	less than 1

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 4

AGE:	0 - 17	39%	(29)
	18 - 30	31%	(33)
	31 - 60	24%	(29)
	61 +	6%	(9)

N = 4

RACE:	Black	33%	(12)
	White	66%	(86)
	Other	1%	(2)

N = 4

SEX:	Male	37%	(51)
	Female	66%	(49)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 3

Persons alone	55
Families	45
Veterans	0
Migrant Workers	0

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 3

Mental Health	22
Mental Retardation	4
Unemployment	65
Transportation	22
Physical Health	10
Substance Abuse	49
Domestic Violence	51
Other	0

PRIMARY CAUSE OF HOMELESSNESS

N = 3

Eviction	29
Unemployment	4
Foreclosure	1
Domestic violence	55
Deinstitutionalization	
Mental Health	9
Mental Retardation	1
Correctional	2
Other	0

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private sector	43%
Public sector	57%
Local government	38%
Other government	19%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	4.3 (9)
Percent of total housing stock substandard	7.7 (22)
Percent of total housing stock overcrowded	2.2 (19)
Percent of families living in poverty	5 (18)
Percent of households with incomes less than $10,000	15.4 (21)
AFDC recipients per 10,000 population	217 (19)
Food stamp recipients per 10,000 population	294 (20)
GPA recipient per 10,000 population	15 (16)

UNDERSERVED GROUPS: Most frequently mentioned: single men and women; the mentally ill; the elderly, ex-offenders; long-term transients; and the unemployed. Next most frequently mentiond: women with children; two-patient families; the mentally retarded; the physically ill or disabled; substance abusers; domestic violence victims.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: mental health services; affordable housing; subsidized rental housing; supervised housing; emergency shelter and transitional housing; and transportation. Less frequently mentioned: case management, cash assistance, health services, meals and outreach.

RESPONDENT COMMENTS: An increase in mental health problems among the homeless resulting from deinstitutionalization has been reported. There is a need to develop adult foster care and Project Home services. Providers noted limited funds to assist ex-offenders and those who need medical care but do not qualify for Medical Assistance.

COMMENTS: With an estimated 150 unserved homeless persons on a given night and little turn away data reported, increased availability and visibility of services to the homeless is indicated, especially for single males and females, elderly, and ex-offenders. Sheltering the homeless in hotels and motels is not cost effective, efficient or a coordinated approach to service, especially since an average night's lodging in a hotel or motel in Anne Arundel County is approximately $40.00.

[1] Six programs serving the homeless responded to the survey: a mission serving men, women, and children; an agency serving a generalized population; a domestic violence shelter; two units of the Salvation Army; and the local department of social services. The domestic violence program has a maximum length of stay of 21 days with an average stay of 13 days. The men's program has no policy or data on average stay. The general population agency has a 30 day maximum stay, often exceeded. All programs report clients being from Anne Arundel County. The Salvation Army purchases lodging at local motels.

The local department of social services provides emergency shelter placement in community facilities (50%), in hotels and motels (47%), and assistance in locating permanent housing, case management, counseling, transportation, cash assistance, assistance in applying for public benefits and emergency food. Clients are served for 14 days and then reassessed; the average length of service is 14 days. Persons served are from Anne Arundel County.

[2] The primary reason for client turn away is the lack of resources for young single males. In FY85 17 persons from Anne Arundel County were served in Howard County shelters.

Baltimore County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	270
Average sheltered	43
Total homeless	310*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Women and children	38
TOTAL BEDS	38

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	44
Nov. 1984	42
Feb. 1985	41
May, 1985	35
AVERAGE	43

TOTAL SHELTERED

FY 83	448
FY 84	816
FY 85	668

Referred to Balto. City

FY 83	360
FY 84	120
FY 85	360

AVERAGE TURNED AWAY[2] ON A GIVEN NIGHT

Aug. 1984	5
Nov. 1984	8
Feb. 1985	5
May, 1985	3
AVERAGE	5

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 2

AGE:	0 - 17	43%	(24)
	18 - 30	33%	(30)
	31 - 60	23%	(30)
	61 +	1%	(16)

N = 3

RACE:	Black	18%	(8)
	White	82%	(90)
	Other	0%	(2)

N = 3

SEX:	Male	65%	(48)
	Female	35%	(52)

*Number in parentheses indicates approximate distribution by category in general population.

SPECIAL GROUPS

N = 2

Persons alone	35%
Families	65%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 3

Mental Health	24%
Mental Retardation	4%
Unemployment	58%
Transportation	64%
Physical Health	13%
Substance Abuse	40%
Domestic Violence	17%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 3

Eviction	52%
Unemployment	8%
Foreclosure	0%
Domestic violence	9%
Deinstitutionalization	
Mental Health	12%
Mental Retardation	4%
Correctional	15%
Other	0%

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private sector	0%
Public sector	100%
Federal (CDBG)	20%
State (Women's Services)	35%
Local Government	45%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 of the lowest.

Unemployment rate	5.5 (15)
Percent of total housing stock substandard	11.7 (17)
Percent of total housing stock overcrowded	1.6 (23)
Percent of families living in poverty	4.1 (21)
Percent of households with incomes less than $10,000	17.2 (19)
AFDC recipients per 10,000 population	171 (20)
Foodstamp recipients per 10,000 population	242 (21)
GPA recipients per 10,000 population	12 (18)

Next most frequently mentioned: mentally ill, physically ill or disabled.
Next identified groups mentioned: single women; two-parent families; persons with multiple disabilities; substance abusers; domestic violence victims; and long term transients
Less frequently mentioned: children; women with children; the elderly; and ex-offenders.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: job training and employment, subsidized rental housing and emergency shelter for males, transitional housing.
Next most frequently mentioned: mental health services; physical health services; and affordable housing.
Less frequently mentioned: cash assistance, outreach, meals, and supervised housing.

RESPONDENT COMMENTS: There is a need for emergency shelter for men, supervised living arrangements for young adults and young parents, a day shelter with feeding program, and low cost housing.

COMMENTS: There is a need for shelter beds serving men. Shelter services for mentally disabled and ex-offenders are needed.

[1] A family agency also provides shelter in local motels, primarily for victims of domestic violence.
The domestic violence program has a maximum length of stay from 3 to 8 weeks and an average stay of 10 to 31 days.
The local department of social services provides emergency placement in community facilities (55%) and assistance in locating permanent housing, case management, counseling, transportation, cash assistance and assistance in applying for public benefits. The average length of stay in motel placement is 7 days.

[2] The shelters typically deny service due to lack of space. The local department of social services reports service is denied due to lack of funds to serve the intoxicated, substance abusers, the mentally ill, young single males, and disruptive clients. These are often referred to the missions in Baltimore City for service. In FY 85, 42 Baltimore County residents were served in shelters in Howard County and 8 in Howard County's domestic violence shelter.

Calvert County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	20
Average sheltered	3
Total homeless	20*

*(rounded)

SHELTER BEDS AVAILABLE[1]

TOTAL BEDS	0

AVERAGE SHELTERED ON A GIVEN NIGHT

Data not reported by seasons.

Average: 3

TOTAL SHELTERED

FY 85

11 by community facility

5 families by local department of social services (2 or 3 days)

115 by Association Catholic Charities which serves three counties of Southern Maryland (residence of those served is undetermined)

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Data not reported.

Average turned away: less than 1.

A shelter program serving Calvert and Charles Counties was unable to meet 300 requests for shelter.

HOMELESS SERVED IN FY 85

No data available

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private sector	88%
Public sector	12%
(State Homeless Program 12%)	

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	4.4 (17)
Percent of total housing stock substandard	11.7 (15)
Percent of total housing stock overcrowded	5.1 (1)
Percent of families living in poverty	7.7 (12)
Percent of households with incomes less than $10,000	20.1 (15)
AFDC recipients per 10,000 population	375 (8)
Foodstamp recipients per 10,000 population	659 (11)
GPA recipients per 10,000 population	25 (4)

UNDERSERVED GROUPS: No data available.

INADEQUATE SERVICES: No data available.

RESPONDENT COMMENTS: Transportation is a major problem. There is a need for emergency shelter in Southern Maryland.

COMMENTS: An estimated average of 20 persons are without shelter resources on a given night. Of this number, 3 are reported to be in some form of emergency shelter. The living situation of the remaining 17 is unknown. Without ready resources it is no surprise that few persons present themselves for service. A formal shelter effort would be a more economical way of meeting the emergency shelter needs for Southern Maryland than an expansion of the current system of purchasing unsupervised lodging in motels, located primarily in Charles County.
A regional approach is needed to solve the transportation problems encountered in non-urban counties.

[1] Lodging is purchased as needed through funds provided by the Southern Maryland Tri-County Community Action Committee and Associated Catholic Charities.
The local department of social services provides food stamps, medical assistance and public assistance to those eligible, whether homeless or not.

Caroline County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	1
Total homeless	10*

*(rounded)

SHELTER BEDS AVAILABLE[1]

TOTAL BEDS	0

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	1
Feb. 1985	1
May, 1985	2
AVERAGE	1

TOTAL SHELTERED

FY 83	26
FY 84	42
FY 85	64

AVERAGE TURNED AWAY[2] ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	1
Feb. 1985	1
May, 1985	2
AVERAGE	1

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 2

AGE:	0 17	29%	(29)
	18 30	30%	(26)
	31 60	37%	(26)
	61 +	4%	(19)

N = 2

RACE:	Black	36%	(17)
	White	64%	(83)
	Other	0%	(0)

N = 2

SEX:	Male	16%	(49)
	Female	84%	(51)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 2

Persons alone	14%
Families	86%
Veterans	0%
Migrant Workers	8%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 2

Mental Health	10%
Mental Retardation	0%
Unemployment	58%
Transportation	58%
Physical Health	2%
Substance Abuse	7%
Domestic Violence	76%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 2

Eviction	11%
Unemployment	0%
Foreclosure	0%
Domestic violence	76%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	3%
Other	10%

FUNDING: Services provided in private shelters were funded from a variety of sources.

Private Sector	25%
Public Sector	75%
Local Government	30%
Other Government	45%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	10.2 (5)
Percent of total housing stock substandard	22.7 (3)
Percent of total housing stock overcrowded	2.9 (11)
Percent of families living in poverty	10.1 (6)
Percent of households with incomes less than $10,000	35.6 (6)
AFDC recipients per 10,000 population	370 (9)
Food stamp recipients per 10,000 population	784 (6)
GPA recipient per 10,000 population	16 (11)

UNDERSERVED GROUPS: Most frequently mentioned: mentally ill and domestic violence victims. Less frequently mentioned: single men, women with children, substance abusers and ex-offenders.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: cash assistance, job training and employment, emergency and transitional shelter. Less frequently mentioned: counseling, case management, supervised housing and transportation.

RESPONDENT COMMENTS: There is increased need for domestic violence services and for service for single women, and women with children. Unemployment and transportation are also critical problems. The local department of social services reports difficulty obtaining shelter for mentally ill and ex-offenders.

COMMENTS: There is a need for emergency and transitional shelter beds.

The domestic violence program currently operating in Caroline County is serving an average of one person per night and turning away an average of one person per night. Other homeless groups reported underserved include the mentally ill, single men and women with children.

Essential service in need of expansion include cash assistance and job training and employment opportunities.

An estimated 14 homeless persons on a given night have unknown shelter needs. A program is needed with resources for case management to allow a case-by-case development of solutions and the capability of collecting data to establish the precise number and needs of this population. The precise number of persons in need can be expected to be influenced by the extent to which the low cost housing, job training and employment needs of the county are met.

[1] There are no formal shelter beds. Lodging is purchased as needed in motels, boarding houses, and private homes. One shelter program serves victims of domestic violence using volunteer homes and motels. The local department of social services provides placement for emergency and transitional shelter and assistance in locating permanent housing; as well as counseling, transportation, cash assistance and assistance in applying for public benefits. The shelter program limits stays to 3 nights, and 2 nights is the average length of stay. The local department of social services reports client stays of approximately 1 to 2 weeks in local motels.

DSS reports 94% of clients from Caroline County. The shelter program reports 20% of its clients from Caroline County, the remainder from Dorchester (12%), Kent (8%), Queen Anne's (33%), and Talbot (27%).

[2] The local department of social services reported being unable to serve less than one person on a given night primarily due to client potential for disruptive behavior, lack of space, or client refusal of available lodging.

The domestic violence program reports a turn away average of one person a night primarily because the person is seeking shelter for 2 or 3 weeks, while program policy limits stays to 3 nights.

Carroll County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	8
Total homeless	20*

*(rounded)

SHELTER BEDS AVAILABLE

The local department of social services operates a shelter for homeless women, with a maximum stay of 8 weeks and an average stay of 33 days.

A private agency provides shelter to battered spouses in a host facility with an unspecified bed capacity. The maximum length of stay is 20 days.

A mission provides shelter to alcoholic men. (No data was available from the mission)

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	4
Nov. 1984	4
Feb. 1985	4
May, 1985	6
AVERAGE	5

TOTAL SHELTERED

FY 83	44
FY 84	71
FY 85	258

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	2
Nov. 1984	3
Feb. 1985	3
May, 1985	2
AVERAGE	3

Those persons turned away are typically either single males or two parent families.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 1

AGE:	0-17	60%	(30)
	18-30	25%	(29)
	31-60	15%	(28)
	61+	0%	(13)

N = 1

RACE:	Black	3%	(4)
	White	94%	(96)
	Other	3%	(0)

N = 2

SEX:	Male	15%	(49)
	Female	85%	(51)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 1

Persons alone	5%
Families	95%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 2

Mental Health	11%
Mental Retardation	1%
Unemployment	15%
Transportation	18%
Physical Health	15%
Substance Abuse	0%
Domestic Violence	41%
Other	36%

PRIMARY CAUSE OF HOMELESSNESS

N = 2

Eviction	13%
Unemployment	0%
Foreclosure	4%
Domestic violence	35%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	0%
Other	
Family Conflict	14%
No Income	14%
Overcrowded	14%
Transient	7%

FUNDING

In FY85 services provided to persons in private shelter programs were funded from a variety of sources.

Private Sector	38%
Public Sector	62%
Local Government	34%
Other Government	28%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	4.9 (16)
Percent of total housing stock substandard	8.1 (19)
Percent of total housing stock overcrowded	1.7 (22)
Percent of families living in poverty	4 (22)
Percent of households with incomes less than $10,000	18.5 (17)
AFDC recipients per 10,000 population	107 (23)
Food stamp recipients per 10,000 population	193 (23)
GPA recipient per 10,000 population	10 (22)

UNDERSERVED GROUPS: Most frequently mentioned: single men. Next most frequently mentioned: two-parent families and ex-offenders. Less frequently mentioned: single women, women with children, mentally ill, mentally retarded, physically ill or disabled, those with multiple disabilities, substance abusers, runaway or abandoned youth, the elderly, long-term transients, unemployed and alcoholics.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: job training and employment, affordable housing, subsidized rental housing, emergency and transitional shelter and transportation. Next most frequently mentioned: cash assistance, which may reflect lack of resources to assist single men. Less frequently mentioned: supervised living, services for alcoholic men and women.

RESPONDENT COMMENTS: The local department of social services has drafted a proposal for a shelter to serve men, which would also include ex-offenders. There is also need for shelter services to families and for transitional or supervised housing for alcoholics.

COMMENTS: Shelter beds are needed for single men, two-parent families, ex-offenders and the physically and mentally disabled. Additional support service capacity is needed in job training and employment, affordable and subsidized housing, emergency and transitional shelter and transportation.

Cecil County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	30
Average sheltered	3
Total homeless	30*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	7
Women and Children	23
TOTAL BEDS	30

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	5
Nov. 1984	2
Feb. 1985	2
May, 1985	1
AVERAGE	3

*The only formal shelter in Cecil County did not respond to this question.

TOTAL SHELTERED

FY 83	150
FY 84	250
FY 85	360

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	7
Nov. 1984	4
Feb. 1985	4
May, 1985	6
AVERAGE	5

The local department of social services reports the following reasons for client turn away: lack of funds (60%); lack of space (15%); inability to find shelter for single males (8%).

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 1

AGE:	0-17	20%	(32)
	18-30	50%	(27)
	31-60	25%	(28)
	61 +	5%	(13)

N = 2

RACE:	Black	6%	(5)
	White	93%	(94)
	Other	1%	(1)

N = 2

SEX:	Male	60%	(50)
	Female	40%	(50)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 2

Persons alone	25%
Families	50%
Veterans	20%
Migrant Workers	5%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 2

Mental Health	2%
Mental Retardation	5%
Unemployment	80%
Transportation	50%
Physical Health	20%
Substance Abuse	15%
Domestic Violence	15%
Other	5%

PRIMARY CAUSE OF HOMELESSNESS

N = 2

Eviction	15%
Unemployment	68%
Foreclosure	10%
Domestic violence	5%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	2%
Other	0%

FUNDING

In FY85, services provided to persons in private shelter programs were funded from private donations.

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	7.4 (10)
Percent of total housing stock substandard	15.2 (11)
Percent of total housing stock overcrowded	3.4 (10)
Percent of families living in poverty	6.9 (15)
Percent of households with incomes less than $10,000	24.5 (13)
AFDC recipients per 10,000 population	381 (7)
Food stamp recipients per 10,000 population	714 (8)
GPA recipient per 10,000 population	18 (10)

UNDERSERVED GROUPS: Most frequently mentioned: single men and women; women with children; substance abusers; victims of domestic violence; ex-offenders, long-term transients and unemployed. Less frequently mentioned: two-parent families; the mentally ill; multiple disabled; runaway or abandoned youth.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: job training, affordable housing, subsidized rental housing and transitional housing. Less frequently mentioned: cash assistance, meals, emergency shelter, outreach and transportation.

RESPONDENT COMMENTS: There is a significant increase over the past two or three years in problems with employment and transportation. Probably reflecting the employment situation is the increase of men abandoning family responsibilities, and an increase in a transient population looking for jobs and housing. There is a need to develop shelter resources for single males and battered women.

COMMENTS: Additional shelter resources (both emergency and transitional) are needed for: single men, women and victims of domestic violence, substance abusers, ex-offenders. Resources that need increased capacity include: job training, affordable and subsidized housing, and transportation.

[1] A private agency operates an emergency shelter serving men, women and children. The local department of social services provides placement in emergency shelter and assistance in locating permanent housing, counseling, transportation, cash assistance and assistance in applying for public benefits. The maximum length of stay in the shelter is 30 days with the average stay of 21 days. The maximum length of shelter provided by DSS is determined by availability of funds. The average is 7 days. Both the shelter program and DSS report the clients to be from Cecil County.

Charles County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	40
Average sheltered	5
Total homeless	50*

*(rounded)

SHELTER BEDS AVAILABLE[1]

TOTAL BEDS	0

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	10
Feb. 1985	6
May, 1985	4
AVERAGE	5

TOTAL SHELTERED

FY 83	157
FY 84	248
FY 85	315*

*Associated Catholic Charities, which serves the three southern Maryland counties, sheltered 115 persons. The agency was unable to specify the county residence of those served.

AVERAGE TURNED AWAY ON A GIVEN NIGHT

One or two families a month can be provided with only one night's lodging by private agencies, and in Charles and Calvert Counties 300 requests for shelter could not be met. An average of two persons were turned away from Charles and St. Mary's Counties in Nov. '84 due to lack of resources in another tri-county program.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 2

AGE:	0-17	70%	(36)
	18-30	15%	(29)
	31-60	15%	(27)
	61 +	0%	(8)

N = 3

RACE:	Black	46%	(20)
	White	54%	(78)
	Other	0%	(2)

N = 3

SEX:	Male	33%	(50)
	Female	67%	(50)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 3

Persons alone	27%
Families	70%
Veterans	3%
Migrant Workers	1%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 3

Mental Health	1%
Mental Retardation	2%
Unemployment	66%
Transportation	34%
Physical Health	1%
Substance Abuse	3%
Domestic Violence	14%
Other	12%

PRIMARY CAUSE OF HOMELESSNESS

N = 3

Eviction	41%
Unemployment	37%
Foreclosure	5%
Domestic violence	10%
Deinstitutionalization	
Mental Health	2%
Mental Retardation	1%
Correctional	3%
Other	1%

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private Sector	60%
Public Sector	40%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	2.9 (22)
Percent of total housing stock substandard	10.6 (18)
Percent of total housing stock overcrowded	4.5 (4)
Percent of families living in poverty	6.2 (16)
Percent of households with incomes less than $10,000	16.3 (20)
AFDC recipients per 10,000 population	370 (10)
Food stamp recipients per 10,000 population	644 (12)
GPA recipient per 10,000 population	21 (5)

UNDERSERVED GROUPS: Most frequenlty mentioned: single men, single women, children, women with children, two-parent families, victims of domestic violence and unemployed. Next most frequently mentioned: children, runaway or abandoned youth, long-term transient. Less frequently mentioned: mentally ill, mentally retarded, physically ill or disabled, those with multiple disabilities, substance abusers and the elderly.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: affordable housing, subsidized rental housing, emergency and transitional shelter. Next most frequently mentioned: counseling, supervised housing, transportation. Less frequently mentioned: job training and employment, meals.

RESPONDENT COMMENTS: Transportation is a major big problem and there is considerable need for emergency shelter in Charles County.

COMMENTS: Emergency and transitional shelter beds are needed to serve all categories of homeless; men, women, children, and one- and two-parent family groups. A regional emergency shelter effort would be a more economical way of meeting the emergency shelter needs for Southern Maryland than an expansion of the current system of purchasing unsupervised lodging in motels, located primarily in Charles County. Resources in need of increased capacity include affordable and subsidized housing, counselling, transportation, job training and employment opportunities.

There are no formal shelter beds in Charles County. Lodging is purchased in motels and boarding houses as needed, funded by Southern Maryland Tri-County Community Action Agency and Associated Catholic Charities. A domestic violence shelter program provides service to county residents. The average stay in all programs was 1 or 2 nights, with 2 nights typically the maximum allowable stay. The local department of social services provides emergency placements in hotels and motels (95%), case management, counseling, cash assistance, assistance in applying for public benefits and food. The length of shelter provided normally averages 4 or 5 days and is contingent upon the availability of funds. More than 95% of DSS clients are from Charles County.

Dorchester County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	2
Total homeless	10*

*(rounded)

SHELTER BEDS AVAILABLE[1]

TOTAL BEDS	4

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	0
Nov. 1984	0
Feb. 1985	5
May, 1985	2
AVERAGE	2

TOTAL SHELTERED

FY 83	5
FY 84	3
FY 85	460*

*Salvation Army only reported on numbers sheltered for FY85.

AVERAGE TURNED AWAY ON A GIVEN NIGHT

No turn aways were reported for Dorchester County.

HOMELESS SERVED IN FY85

Percent of persons sheltered*

N = 1

AGE:	0 - 17	0%	(26)
	18 - 30	5%	(25)
	31 - 60	95%	(28)
	61 +	0%	(21)

N = 1

RACE:	Black	5%	(30)
	White	95%	(70)
	Other	0%	(0)

N = 1

SEX:	Male	50%	(48)
	Female	50%	(52)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 1

Persons alone	100%
Families	0%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 1

Mental Health	10%
Mental Retardation	0%
Unemployment	0%
Transportation	70%
Physical Health	0%
Substance Abuse	0%
Domestic Violence	20%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 1

Eviction	0%
Unemployment	0%
Foreclosure	0%
Domestic violence	20%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	10%
Correctional	0%
Other, stranded	70%

FUNDING

No Data

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	12.3 (4)
Percent of total housing stock substandard	18.8 (6)
Percent of total housing stock overcrowded	3.9 (7)
Percent of families living in poverty	10.7 (4)
Percent of households with incomes less than $10,000	35.8 (5)
AFDC recipients per 10,000 population	491 (5)
Food stamp recipients per 10,000 population	757 (7)
GPA recipient per 10,000 population	30 (2)

UNDERSERVED GROUPS: Most frequently mentioned: single women.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: physical health services; affordable housing; subsidized rental housing; short-term emergency shelter and transitional housing.

RESPONDENT COMMENTS: There is a need to expand the Salvation Army facility by one room. A 4 bed expansion has already been scheduled for late 1985. Local agencies and churches have assumed the primary responsibility for the homeless. The local department of social services aims to fill gaps or to provide service for those not otherwise served.

COMMENTS: There is a need for emergency and transitional shelter beds, especially for single women.

[1] The four beds are available to all groups of homeless.
The local department of social services places homeless persons in private agency operated shelters (95%), hotels and motels (1%) and boarding and private homes (1%), for a maximum of 3 nights. All DSS clients were reported from Dorchester County.
In FY85, 10 persons from Dorchester County were sheltered by a domestic violence program based in Caroline County.

Frederick County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	28
Total homeless	40*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Mission:	
Men	22
Women	2
Children	2+
Domestic violence:	
Women	5
Children	8
TOTAL:	
Men	22
Women	7
Children	10
TOTAL BEDS	39

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	30
Nov. 1984	25
Feb. 1985	32
May, 1985	24
AVERAGE	28

TOTAL SHELTERED

FY 83	595
FY 84	668
FY 85	896*

*Estimated total. An agency which reported serving 400 in FY83, and 441 in FY84, provided no data for FY85. The estimate for FY85 is based on the assumption that service for that year was at least the same as for FY84

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	7.25
Nov. 1984	4.3
Feb. 1985	1.3
May 1985	3.0
AVERAGE	4.0

The majority of turn aways were due to intoxication or disruptive behavior. Less than one person per night is turned away by the domestic violence shelter, normally due to lack of space.

HOMELESS SERVED IN FY85

Percent of persons sheltered*

N=4

AGE:	0-17	16%	(30)
	18-30	53%	(30)
	31-60	32%	(27)
	61+	7%	(13)

N=4

RACE:	Black	22%	(5)
	White	75%	(94)
	Other	3%	(1)

N=4

SEX:	Male	68%	(49)
	Female	32%	(51)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N=3

Persons alone	13%*
Families	29%
Veterans	0%
Migrant Workers	5%

*Does not include a response from the mission that serves primarily single men.

SPECIAL PROBLEMS OR SERVICE NEEDS

N=4

Mental Health	37%
Mental Retardation	4%
Unemployment	93%
Transportation	25%
Physical Health	24%
Substance Abuse	60%
Domestic Violence	30%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N=4

Eviction	8%
Unemployment	14%
Foreclosure	0%
Domestic violence	34%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	0%
Other, transients	52%

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private Sector	88%
Public Sector	12%
Local government	7%
Other	5%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	4.4 (18)
Percent of total housing stock substandard	12.4 (14)
Percent of total housing stock overcrowded	2.2 (18)
Percent of families living in poverty	4.9 (20)
Percent of households with incomes less than $10,000	19.8 (16)
AFDC recipients per 10,000 population	161 (21)
Food stamp recipients per 10,000 population	666 (9)
GPA recipient per 10,000 population	12 (19)

UNDERSERVED GROUPS: Most frequently mentioned: single women, women with children, two-parent families. Next most frequently mentioned: children, long-term transients, unemployed. The third most frequently mentioned: mentally ill, substance abusers, runaway or abandoned youth, victims of domestic violence. Data on substance abuse reflects the large number of mission beds in the community. Less frequently mentioned: mentally retarded, those with multiple disabilities.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: job training and employment, affordable housing, transitional housing and transportation. The need for job training and employment is directly related to unemployment being a major cause of homelessness in Frederick County.

RESPONDENT COMMENTS: There has been an increase in mental health problems in the last two years. An increase in unemployed transients and families deserted by the husband or father was also noted. There is a need for more shelter for women and families, transitional housing, and detoxification services. There is need for affordable housing and transportation assistance, especially for battered women. Providers believe the number of homeless is relatively small when compared to the large number of persons in need of eviction prevention assistance.

COMMENTS: Additional shelter services are needed to serve women, one- and two-parent families and children. Transitional housing is needed.

[1] The Salvation Army purchases lodging at local motels, and a local agency provides rental assistance.

The local department of social services provides placement in emergency shelter through hotels and motels (74%, as funding allows) and community shelters (25%), permanent housing, case management, counseling, transportation, assistance in applying for public benefits, referral services, cash assistance through vendor(s) and transportation on occasion.

Maximum allowable stay ranges from 7 to 21 days in the shelters, with average stay from 2 days (in the program purchasing occasional shelter) to 5 days in the mission, and 9.5 days in the domestic violence center. Shelter arranged through DSS depends on available funding for hotel and motel placement, and is limited to 90 days, for clients in work programs with the mission. A 14 day limit was reported for transients, with an average stay of 3 to 5 days. The mission reported only 40% of its clients from Frederick County.

Garrett County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	3
Total homeless	15*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Women and children	8
TOTAL BEDS	8

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	0
Nov. 1984	0
Feb. 1985	2
May, 1985	0
AVERAGE	1*

*Average adjusted to 3, to include an eight bed shelter not reporting

TOTAL SHELTERED

FY 83	0
FY 84	0
FY 85	29

AVERAGE TURNED AWAY ON A GIVEN NIGHT

No turn aways reported

HOMELESS SERVED IN FY85

Percent of persons sheltered*

N = 1

AGE:	0–17	20%	(31)
	18–30	50%	(27)
	31–60	30%	(26)
	61 +	0%	(16)

N = 1

RACE:	Black	0%	(1)
	White	100%	(99)
	Other	0%	(0)

N = 1

SEX:	Male	60%	(49)
	Female	40%	(51)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 1

Persons alone	25%
Families	70%
Veterans	5%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 1

Mental Health	10%
Mental Retardation	5%
Unemployment	80%
Transportation	0%
Physical Health	0%
Substance Abuse	0%
Domestic Violence	5%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 1

Eviction	100%

FUNDING

No data

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	14.2 (2)
Percent of total housing stock substandard	19.6 (5)
Percent of total housing stock overcrowded	4.1 (6)
Percent of families living in poverty	12.7 (2)
Percent of households with incomes less than $10,000	37.3 (3)
AFDC recipients per 10,000 population	497 (4)
Food stamp recipients per 10,000 population	1161 (3)
GPA recipient per 10,000 population	18 (9)

UNDERSERVED GROUPS: Most frequently mentioned: single men and women, children, women with children, two-parent families, physically ill, persons with multiple disabilities, substance abusers, victims of domestic violence, ex-offenders.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: mental health services, affordable housing, subsidized rental housing, emergency and transitional housing.

RESPONDENT COMMENTS: There is a need for shelter resources to serve the general population of all ages. No trends were observed since the local department of social services only began to operate a program for the homeless in FY85.

COMMENTS: Additional emergency shelter and transitional housing resources are needed to serve all groups of homeless.

Domestic violence shelter program in Allegany County served 6 persons from Garrett County in FY85.

The local department of social services provides placement in emergency shelter in apartments (72%), hotels and motels (14%), boarding or private homes (14%), assistance with placement in permanent housing, case management and food.

Harford County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	18
Total homeless	30

SHELTER BEDS AVAILABLE[1]

Women	27
Children	13
TOTAL BEDS	40

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	2.19
Nov. 1984	9.0
Feb. 1985	17.0
May, 1985	42.5
AVERAGE	18.0

TOTAL SHELTERED

FY 83	97
FY 84	421
FY 85	432

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	10
Nov. 1984	15
Feb. 1985	17
May, 1985	10
AVERAGE	13

The Salvation Army reported the most turnaways and denied service due to lack of space. Another shelter reported turnaways due to disruptive behavior, intoxication and lack of shelter beds for two-parent families.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 4

AGE:	0-17	27%	(31)
	18-30	59%	(30)
	31-60	10%	(29)
	61 +	3%	(10)

N = 4

RACE:	Black	36%	(8)
	White	55%	(90)
	Other	9%	(2)

N = 3

SEX:	Male	49%	(50)
	Female	51%	(50)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 3

Persons alone	76%
Families	49%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 4

Mental Health	0%
Mental Retardation	0%
Unemployment	39%
Transportation	2%
Physical Health	1%
Substance Abuse	42%
Domestic Violence	18%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 4

Eviction	69%
Unemployment	17%
Foreclosure	2%
Domestic violence	9%
Deinstitutionalization	
Mental Health	2%
Mental Retardation	0%
Correctional	1%
Other	1%

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private sector	84%
Public sector	16%
State (Women's Services Program)	16%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	6.2 (12)
Percent of total housing stock substandard	7.9 (21)
Percent of total housing stock overcrowded	2.6 (13)
Percent of families living in poverty	6.2 (17)
Percent of households with incomes less than $10,000	17.8 (18)
AFDC recipients per 10,000 population	246 (17)
Food stamp recipients per 10,000 population	432 (18)
GPA recipient per 10,000 population	16 (14)

UNDERSERVED GROUPS: Most frequently mentioned were youths. Also mentioned were long-term transients. Less frequently mentioned were single women, children, women with children, two-parent families, substance abusers, victims of domestic violence, ex-offenders and the unemployed.

INADEQUATE SERVICES: Most frequently mentioned essential resource that is not sufficiently available is affordable housing. Less frequently mentioned groups include: counseling, case management, job training and employment, subsidized rental housing, supervised housing, emergency shelter, outreach and transportation.

RESPONDENT COMMENTS: There is a need for shelter services, and especially transitional housing for battered women.

COMMENTS: The Salvation Army reported that many turnaways were transients in need of short-term shelter. There is a need for shelter services for youth.

The battered spouse program has 1 bed for women and 3 for children, with an average stay of 21 days.
The other shelter has 26 beds for women and 10 beds for children with a maximum allowable stay of 6 months and an average stay of 20 days.
Both shelters report their clients as coming from Harford County. Local department of social services (DSS) provides emergency shelter in local motels for an average stay of 10 days, assistance with permanent housing (when located by eligible applicant), case management, counseling, transportation and help with applying for benefits. Clients are mostly residents of the county.

Howard County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	11
Total homeless	20

SHELTER BEDS AVAILABLE[1]

Women and children	7
General population	12
TOTAL BEDS	19

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	12
Nov. 1984	11
Feb. 1985	6
May, 1985	2
AVERAGE	4

TOTAL SHELTERED

FY 83	324
FY 84	998
FY 85	921

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	5
Nov. 1984	4
Feb. 1985	6
May, 1985	2
AVERAGE	4

The primary reason for turning applicants away from service is the lack of space.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 4

AGE:	0 - 17	34%	(31)
	18 - 30	43%	(30)
	31 - 60	22%	(31)
	61 +	1%	(8)

N = 4

RACE:	Black	26%	(12)
	White	73%	(85)
	Other	2%	(3)

N = 4

SEX:	Male	62%	(50)
	Female	38%	(50)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 4

Persons alone	56%
Families	32%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 4

Mental Health	11%
Mental Retardation	2%
Unemployment	37%
Transportation	66%
Physical Health	8%
Substance Abuse	15%
Domestic Violence	18%
Other	23%

PRIMARY CAUSE OF HOMELESSNESS

N = 4

Eviction	36%
Unemployment	16%
Foreclosure	1%
Domestic violence	18%
Deinstitutionalization	
Mental Health	8%
Mental Retardation	0%
Correctional	2%
Other	18%

FUNDING

Services provided in private shelter program were funded from a variety of sources.

Private sector	35%
Public sector	65%
State	12%
Local	53%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	2.8 (23)
Percent of total housing stock substandard	5.6 (23)
Percent of total housing stock overcrowded	1.3 (24)
Percent of families living in poverty	2.9 (24)
Percent of households with incomes less than $10,000	10.7 (24)
AFDC recipients per 10,000 population	70 (24)
Food stamp recipients per 10,000 population	150 (24)
GPA recipient per 10,000 population	4 (24)

UNDERSERVED GROUPS: Most frequently mentioned was the ex-offender. Also mentioned: single men, single women, long-term transients, the unemployed. Less frequently mentioned: women with children, mentally ill, physically ill or disabled, persons with multiple disabilities, substance abusers, and victims of domestic violence.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: affordable housing, transitional housing and transportation. Also mentioned were: cash assistance, job training and employment, subsidized rental housing and supervised housing. Less frequently mentioned were: mental health services and emergency shelter.

RESPONDENT COMMENTS: An increase was reported in unemployment, substance abuse and mental illness among homeless served over last three years. There is a need for transportation, affordable housing, transitional housing and homesharing for women with children.

COMMENTS: Shelter resources are needed for ex-offenders, single men and women, and longer term transients.

[1] The domestic violence shelter has a maximum stay of 90 days and an average of 42 days. Eighty percent of those served are from Howard County, 8% from Baltimore County, 5% from Prince George's County, 2% from Baltimore City.

A shelter serving the general population has maximum stay of 2 days, but an average stay of 3 days; another facility reports an average stay of 39 days. Sixty percent of those served were from Howard County, 10% from Baltimore County, 4% from Baltimore City, 3.5% from Anne Arundel county, and 16% from out-of-state.

The local department of social services provides placement in emergency shelter, counseling, cash assistance, and help in applying for benefits. Length of shelter is limited to amount of grant and averages 7-10 days. All clients were from Howard County.

Kent County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	0
Total homeless	10

SHELTER BEDS AVAILABLE

No shelter facilities identified in the County.

AVERAGE SHELTERED ON A GIVEN NIGHT

One family of 5 was served in May 1985.

TOTAL SHELTERED

The local Department of Social Services (DSS) reported serving five persons in FY 85.

AVERAGE TURNED AWAY ON A GIVEN NIGHT

No data reported

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 1

AGE:	0 - 17	60%	(24)
	18 - 30	40%	(28)
	31 - 60	0%	(27)
	61 +	0%	(21)

N = 1

RACE:	Black	0%	(22)
	White	100%	(77)
	Other	0%	(1)

N = 1

SEX:	Male	40%	(48)
	Female	60%	(52)

*Number in parentheses indicates approximate distribution by category in general population of the county.

PRIMARY CAUSE OF HOMELESSNESS

N = 1

Eviction	100%

FUNDING

Not applicable.

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	8.7 (8)
Percent of total housing stock substandard	15 (12)
Percent of total housing stock overcrowded	2.4 (15)
Percent of families living in poverty	10.2 (5)
Percent of households with incomes less than $10,000	34.3 (8)
AFDC recipients per 10,000 population	271 (16)
Food stamp recipients per 10,000 population	596 (13)
GPA recipient per 10,000 population	16 (13)

UNDERSERVED GROUPS: No specific groups were identified. County does have housing shortage but homeless people are taken in by extended family members and do not live on the streets.

INADEQUATE SERVICES: Low-income housing is inadequately available.

RESPONDENT COMMENTS: None given

COMMENTS: With limited data, no realistic projection can be made on special service needs.

Montgomery County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	240
Average sheltered	101
Total homeless	340*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	40
Women	37
General population	62
TOTAL BEDS	139

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	65.5
Nov. 1984	115.3
Feb. 1985	111.7
May, 1985	110.7
AVERAGE	101.0

TOTAL SHELTERED

FY 83	1,440
FY 84	1,932
FY 85	2,311

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	4.0
Nov. 1984	16.0
Feb. 1985	20.5
May, 1985	6.0
AVERAGE	12.0

Seventy-five percent of turnaways were men, primarily due to lack of space; other reasons for denial of service were intoxication and disruptive behavior. On the average, one young mother was turned away, on any given night, due to lack of shelter beds.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N=5

AGE:	0-17	3%	(27)
	18-30	41%	(28)
	31-60	47%	(32)
	61+	9%	(13)

N=7

RACE:	Black	27%	(9)
	White	71%	(85)
	Other	3%	(6)

N=8

SEX:	Male	17%	(49)
	Female	83%	(52)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N=8

Persons alone	42%
Families	58%
Veterans	13%
Migrant Workers	6%

SPECIAL PROBLEMS OR SERVICE NEEDS

N=6

Mental Health	64%
Mental Retardation	3%
Unemployment	54%
Transportation	14%
Physical Health	27%
Substance Abuse	50%
Domestic Violence	14%
Other	2%

PRIMARY CAUSE OF HOMELESSNESS

N=7

Eviction	38%
Unemployment	13%
Foreclosure	8%
Domestic violence	9%
Deinstitutionalization	
Mental Health	14%
Mental Retardation	1%
Correctional	1%
Other	13%

FUNDING

Services provided in private shelter programs were funded from a variety of sources.

Private sector	10%
Public sector	70%
Federal	8%
Local	58%
Other	24%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	2.5 (24)
Percent of total housing stock substandard	5 (24)
Percent of total housing stock overcrowded	2.1 (20)
Percent of families living in poverty	3 (23)
Percent of households with incomes less than $10,000	11 (23)
AFDC recipients per 10,000 population	132 (22)
Food stamp recipients per 10,000 population	200 (22)
GPA recipient per 10,000 population	16 (15)

UNDERSERVED GROUPS: Most frequently mentioned was mentally ill, including "street people". Also mentioned were: women with children, the unemployed, substance abusers, single men and single women. Other groups mentioned include: children, the elderly, victims of domestic violence, physically ill or disabled, and mentally retarded.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: affordable housing, subsidized rental units, supervised housing, job training and employment. The next most frequent mentioned were transitional housing and mental health services. Other services mentioned were: cash assistance, case management, physical health services, outreach, counseling and transportation.

RESPONDENT COMMENTS: A women's shelter reports a significant increase in mental illness and a 30% increase in 18 to 30 year olds among its clients. A shelter serving women with children notes an increase in substance abuse. Eight providers stressed need for variety of housing resources: boarding homes, single-room occupancy residences (SRO), low-income and subsidized housing, transitional and supervised housing.

COMMENTS: Additional emergency and transitional housing are needed for the mentally ill, young single women, and women with children.

Sixty-two beds can be used for emergency or transitional housing. The shelters for women had a maximum length of stay from 5 days to no formal limit. Average length of stay ranged from 3.5 days to two months. One men's shelter reported a maximum stay of 10 days, with the average ranging from 6.4 to 20 days.

Most shelters reported 90-95 percent of clients from Montgomery County with two exceptions: a men's shelter reported 30% transients and 20% from Maryland, but none from the County; and a shelter serving women with children reported 80% from Washington, D. C., and only 10% from Montgomery County.

In FY 85, 76 persons were served from neighboring counties: 69 from Prince George's, 4 from Frederick, and 3 from Carroll. The County has two drop-in day shelters, one for women and the other for men.

Prince George's County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	270
Average sheltered	33
Total homeless	310*

*(rounded)

SHELTER BEDS AVAILABLE[1]

General population	47
Children	15
TOTAL BEDS	62

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	33
Nov. 1984	35
Feb. 1985	35
May, 1985	37
AVERAGE	33

TOTAL SHELTERED

FY 83	557
FY 84	1,528
FY 85	1,779*

*The local department of social services did not report for FY85; the above estimate assumes the same level of service for the DSS as in FY84 (447 homeless).

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	12
Nov. 1984	26
Feb. 1985	24
May, 1985	21
AVERAGE	21

The local department of social services reports a denial of service due to inadequate funding. The shelter for victims of domestic violence turns away 2.5 persons, on any given night, due to lack of space.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N=4

AGE:	0 - 17	69%	(29)
	18 - 30	13%	(27)
	31 - 60	14%	(35)
	61 +	4%	(9)

N=5

RACE:	Black	50%	(14)
	White	49%	(85)
	Other	1%	(1)

N=5

SEX:	Male	32%	(49)
	Female	68%	(51)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N=3

Persons alone	25%
Families	39%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N=5

Mental Health	40%
Mental Retardation	4%
Unemployment	56%
Transportation	34%
Physical Health	12%
Substance Abuse	20%
Domestic Violence	38%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N=5

Eviction	25%
Unemployment	10%
Foreclosure	1%
Domestic violence	37%
Deinstitutionalization	
Mental Health	6%
Mental Retardation	1%
Correctional	1%
Other	19%

FUNDING

Services provided in private shelter programs were funded from a variety of sources

Private sector		37%
Public sector		63%
State	19%	
Local	23%	
Other	21%	

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	3.2 (21)
Percent of total housing stock substandard	8.1 (20)
Percent of total housing stock overcrowded	4.3 (5)
Percent of families living in poverty	4.9 (19)
Percent of households with incomes less than $10,000	14.8 (22)
AFDC recipients per 10,000 population	276 (15)
Food stamp recipients per 10,000 population	332 (19)
GPA recipient per 10,000 population	14 (17)

UNSERVED GROUPS: Most frequently mentioned were single women. Also mentioned were: single men, mentally retarded, the elderly and long term transients. Less frequently mentioned were: children, women with children, two parent families, physically ill or disabled, those with multiple disabilities, substance abusers, runaway or abandoned youth, ex-offenders and the unemployed.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: case management, cash assistance, emergency shelter, transitional housing, and supervised housing. Also mentioned were: affordable housing, job training and employment, mental health services, subsidized rent, and outreach. Less frequently mentioned were counseling and physical health services.

RESPONDENT COMMENTS: The local department of social service reports an increase in the number of persons who become homeless after discharge from state correctional and mental health facilities, with inadequate aftercare plans. DSS emphasized the need for additional affordable housing, transitional housing and emergency shelter (30 days or more). Shelter providers noted the existence of "hidden" homeless, those who move from relative to friend in search of emergency shelter. The domestic violence shelter indicated a need to further develop emergency shelter and transitional housing for battered women. A youth shelter reports the mental health of its clients is declining and substance abuse is more pervasive.

COMMENTS: Additional emergency shelter beds and transitional housing are need for single men and women, and the mentally ill.

[1]Shelters serving women and children have maximum lengths of stay of 30 to 60 days, with an average of 13.5 days. Shelters serving only youth have a maximum stay of 14 days, with an average of 5-6 days. Shelters serving men limit stays to 5 days which is also the average. A transitional facility (5 beds) serving women and children limits shelter stay to 4 months, with an average stay of 2 months.

Shelters serving youths report 35 clients from Washington, D.C., and 35 from Batlimore City. In FY 85, Montgomery County shelters served 69 persons from Prince George's County.

Queen Anne's County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	2
Total homeless	10*

*(rounded)

SHELTER BEDS AVAILABLE

No shelters identified in the county. The local department of social services provides placement in motels and assistance in locating permanent housing, case management, counseling, transportation, cash assistance and food.

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	1
Feb. 1985	3
May, 1985	3
AVERAGE	2

TOTAL SHELTERED

FY 85	8

AVERAGE TURNED AWAY ON A GIVEN NIGHT

None reported

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 1

AGE:	0-17	0%	(27)
	18-30	50%	(27)
	31-60	50%	(28)
	61 +	0%	(18)

N = 1

RACE:	Black	25%	(25)
	White	75%	(75)

N = 1

SEX:	Male	25%	(49)
	Female	75%	(51)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 1

Mental Health	25%
Mental Retardation	0%
Unemployment	50%
Transportation	25%
Physical Health	0%
Substance Abuse	0%
Domestic Violence	0%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 1

Eviction	60%
Unemployment	30%
Foreclosure	0%
Domestic violence	0%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	10%
Other	0%

FUNDING

Not applicable; no private shelter programs

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	5.8 (13)
Percent of total housing stock substandard	16 (8)
Percent of total housing stock overcrowded	2.6 (14)
Percent of families living in poverty	7.5 (13)
Percent of households with incomes less than $10,000	27.6 (12)
AFDC recipients per 10,000 population	325 (12)
Food stamp recipients per 10,000 population	506 (15)
GPA recipient per 10,000 population	21 (6)

UNSERVED GROUPS: Persons with multiple disabilities, runaway or abandoned youth and ex-offenders.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: affordable housing, subsidized rental housing, meals, emergency shelter and transportation. The local department (DSS) must limit assistance when funds are inadequate.

RESPONDENT COMMENTS: There is a need for organization around tenants' rights. Funding is used for rent and utility deposits, and support for food banks—critically important to homeless.

COMMENTS: Shelter beds are needed for the general population and youths, ex-offenders and disabled persons.

Somerset County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	0
Total homeless	10

SHELTER BEDS AVAILABLE[1]

No formal shelters in Somerset County.

AVERAGE SHELTERED ON A GIVEN NIGHT

None Reported.

TOTAL SHELTERED

FY 83	6
FY 84	8
FY 85	8

AVERAGE TURNED AWAY ON A GIVEN NIGHT

No turnaways reported.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

AGE:

No data available

N = 1

RACE:	Black	40%	(35)
	White	60%	(65)
	Other	0%	(0)

N = 1

SEX:	Male	50%	(48)
	Female	50%	(52)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 1

Persons alone	25%
Families	50%
Veterans	0%
Migrant Workers	25%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 1

Mental Health	20%
Mental Retardation	0%
Unemployment	20%
Transportation	0%
Physical Health	20%
Substance Abuse	20%
Domestic Violence	20%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 1

Eviction	20%
Unemployment	20%
Foreclosure	0%
Domestic violence	20%
Deinstitutionalization	
Mental Health	20%
Mental Retardation	0%
Correctional	0%
Other	20%

FUNDING

Not applicable; no private shelter programs

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	21.4 (1)
Percent of total housing stock substandard	20.5 (4)
Percent of total housing stock overcrowded	3.8 (9)
Percent of families living in poverty	11 (3)
Percent of households with incomes less than $10,000	40.7 (1)
AFDC recipients per 10,000 population	514 (2)
Food stamp recipients per 10,000 population	1,182 (7)
GPA recipient per 10,000 population	20 (2)

UNDERSERVED GROUPS: In the absence of funds, all groups of homeless are underserved. Of special concern are migrant workers (25% of the homeless served).

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: cash assistance, mental health services, job training and employment, affordable housing, subsized rental units, supervised housing, emergency shelter, transitional housing, outreach, and transportation.

RESPONDENT COMMENTS: DSS reports that homelessness is not limited to a particular group(s) or time of the year. Rather than developing a shelter, funding is needed to address problems as they arise, on a case-by-case basis.

COMMENTS: The ability of DSS to place homeless persons is based on available funds.

[1] The department of social services (DSS) arranged for emergency shelter for 75% of its homeless clients (6 persons in FY 85) at the Christian Shelter in Wicomico County. The remaining 25% (2 persons) were placed in motels. DSS services to the homeless were: case management, counseling, emergency cash assistance, and help in applying for benefits. Motel stays were limited to 3-5 days, with an average stay of 5 days. Wicomico County DSS reported serving 2 homeless persons from Somerset County in 1985. The Christian Shelter in Wicomico County, in 1985, served between 85 and 127 homeless persons from Somerset and Dorchester Counties.

St. Mary's County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	30
Average sheltered	5
Total homeless	40*

*(rounded)

SHELTER BEDS AVAILABLE[1]

No formal shelters in the county.

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	3
Feb. 1985	4
May, 1985	11
AVERAGE	5

TOTAL SHELTERED

FY 83	270
FY 84	350
FY 85	417

The Associated Catholic Charities sheltered 115 persons. This agency serves three Southern Maryland counties and was not able to specify the county residence of those served.

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	0.0
Nov. 1984	1.4
Feb. 1985	1.0
May, 1985	0.0
AVERAGE	1

Inadequate funds for sheltering resulted in turnaways on average of one per night in November and February.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 1

AGE:	0-17	35% (33)
	18-30	35% (32)
	31-60	20% (25)
	61 +	10% (10)

N = 1

RACE:	Black	60% (18)
	White	40% (81)
	Other	0% (1)

N = 1

SEX:	Male	30% (51)
	Female	70% (49)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 1

Persons alone	20%
Families	80%
Veterans	2%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 1

Mental Health	20%
Mental Retardation	15%
Unemployment	15%
Transportation	80%
Physical Health	20%
Substance Abuse	20%
Domestic Violence	30%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 1

Eviction	40%
Unemployment	15%
Foreclosure	0%
Domestic violence	20%
Deinstitutionalization	
Mental Health	15%
Mental Retardation	5%
Correctional	5%
Other	0%

FUNDING

Not applicable; no private shelter programs.

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	6.3 (12)
Percent of total housing stock substandard	11.7 (16)
Percent of total housing stock overcrowded	4.7 (3)
Percent of families living in poverty	8.3 (11)
Percent of households with incomes less than $10,000	23.8 (14)
AFDC recipients per 10,000 population	314 (13)
Food stamp recipients per 10,000 population	504 (16)
GPA recipient per 10,000 population	16 (12)

UNDERSERVED GROUPS: The local department of social services reports all groups of homeless persons underserved.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: counseling, case management, cash assistance, physical and mental health services, job training and employment, affordable housing, subsidized rents, meals, supervised housing, emergency and transitional housing, outreach and transportation.

RESPONDENT COMMENTS: The local department of social services (DSS) observed an increase in domestic violence and mental health problems, over last three years. DSS also reported need for day care, emergency shelter for women with children, and for mentally retarded adults in crisis. While DSS provides motel shelter on a night-to-night basis, it cannot offer the continuity of services needed to stabilize a client's situation.

COMMENTS: A regional emergency shelter would be more cost effective in meeting the needs of homeless in Southern Maryland than placement in motels. A 20 person shelter would serve the number of turnaways in St. Mary's and Charles Counties. Transportation problems must be addressed for the regional approach to succeed.

[1] One program provides counseling to victims of domestic violence. Catholic Charities provides lodging in motels for homeless men, women and children. The local department of social services provides emergency placements in trailers and apartments (50%), motels (30%), boarding and private homes (20%), availability of funds determines length of stay; assistance in locating permanent housing and applying for benefits; case management; counseling; some transportation. The average stay is two days. All clients served in FY 85 were from St. Mary's County.

Talbot County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	14
Total homeless	20*

*(rounded)

SHELTER BEDS AVAILABLE

There are no shelter beds in Talbot County. Emergency lodging is purchased, subject to availability of funds. The local department of social services (DSS) provides emergency shelter in motels (85%), boarding houses and private homes (10%), cash management, counseling, transportation, cash assistance, help in applying for benefits and referrals to private agencies.

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	7
Nov. 1984	8
Feb. 1985	39
May, 1985	0
AVERAGE	14

TOTAL SHELTERED

FY 83	50
FY 84	65
FY 85	127

AVERAGE TURNED AWAY ON A GIVEN NIGHT

None Reported

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 2

AGE:		
0 - 17	13%	(24)
18 - 30	48%	(25)
31 - 60	6%	(28)
61 +	32%	(23)

N = 2

RACE:		
Black	56%	(21)
White	42%	(79)
Other	2%	(0)

N = 1

SEX:		
Male	30%	(47)
Female	70%	(53)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 1

Persons alone	25%
Families	75%
Veterans	0%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 2

Mental Health	10%
Mental Retardation	1%
Unemployment	45%
Transportation	0%
Physical Health	19%
Substance Abuse	23%
Domestic Violence	1%
Other	9%

PRIMARY CAUSE OF HOMELESSNESS

N = 2

Eviction	17%
Unemployment	76%
Foreclosure	0%
Domestic violence	5%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	1%
Other	0%

FUNDING

Not applicable. No shelter facilities or private shelter programs were identified in the County.

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	3.5 (20)
Percent of total housing stock substandard	17.8 (7)
Percent of total housing stock overcrowded	2.3 (16)
Percent of families living in poverty	7.1 (14)
Percent of households with incomes less than $10,000	28.5 (11)
AFDC recipients per 10,000 population	230 (18)
Food stamp recipients per 10,000 population	501 (17)
GPA recipient per 10,000 population	11 (21)

UNDERSERVED GROUPS: Most frequently mentioned: substance abusers and long-term transients. Next most frequently mentioned: mentally ill, ex-offenders, unemployed. Domestic violence victims were not mentioned, but 13 Talbot County residents were served in facilities in Caroline County.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: cash assistance, affordable housing, subsidized rental housing, transitional housing and transportation. The next most frequently mentioned services were: meals, supervised housing and outreach.

RESPONDENT COMMENTS: Over the past two years there has been a significant increase in abandoned women with children, unemployment and an inability to find resources to help ex-offenders.

COMMENTS: The higher service figures in FY 85 indicate that when services are available, homeless persons present themselves for services. Providing shelter in motels is less cost effective than a full service formal shelter facility.

Washington County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	60
Average sheltered	77
Total homeless	140*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	75
Women and children	15
TOTAL BEDS	90

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	87
Nov. 1984	75
Feb. 1985	63
May, 1985	83
AVERAGE	77

TOTAL SHELTERED

FY 83	817
FY 84	858
FY 85	895

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	5
Feb. 1985	3
May, 1985	3
AVERAGE	3

Most turnaways are single males. Denial of service was due to lack of space (20%) and intoxication (10%).

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 3

AGE:	0-17	4%	(26)
	18-30	14%	(29)
	31-60	73%	(28)
	61 +	9%	(17)

N = 3

RACE:	Black	8%	(4)
	White	89%	(95)
	Other	3%	(1)

N = 3

SEX:	Male	92%	(50)
	Female	8%	(50)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 3

Persons alone	87%
Families	11%
Veterans	2%
Migrant Workers	0%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 3

Mental Health	7%
Mental Retardation	1%
Unemployment	34%
Transportation	24%
Physical Health	16%
Substance Abuse	10%
Domestic Violence	17%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 3

Eviction	7%
Unemployment	50%
Foreclosure	0%
Domestic violence	0%
Deinstitutionalization	
Mental Health	0%
Mental Retardation	0%
Correctional	4%
Other, Alcoholism	38%

FUNDING

Services provided in private shelter programs were funded from a variety of sources:

Private sector	89%
Public sector	11%
State (Homeless Program)	less than 1%
Local Government	less than 1%
Other	10%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	8.9 (7)
Percent of total housing stock substandard	15.3 (10)
Percent of total housing stock overcrowded	2.2 (17)
Percent of families living in poverty	9 (9)
Percent of households with incomes less than $10,000	28.7 (10)
AFDC recipients per 10,000 population	300 (14)
Food stamp recipients per 10,000 population	666 (10)
GPA recipient per 10,000 population	9 (23)

UNDERSERVED GROUPS: Most frequently mentioned: single men and women, women with children, two parent families, mentally ill, multiple disabled, ex-offenders, long-term transient and unemployed. The next most frequently mentioned: mentally retarded, physically ill and disabled, substance abusers, runaway or abandoned youth, elderly, victims of domestic violence.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: affordable housing, subsidized rental housing, emergency shelter and transitional housing. Less frequently mentioned were supervised housing, job training and employment, medical transportation and cash assistance.

RESPONDENT COMMENTS: Family shelters are needed.

COMMENTS: Emergency and transitional housing are needed for single men and women, families, mentally ill, disabled, ex-offenders, long-term transients, and unemployed.

[1] The seventy-five beds serving men are in a mission facility; average length of stay is 30 days. The family shelter allows residents to stay 1-3 months.

The local department of social services provides placement in emergency shelter, transitional housing and assistance in locating permanent housing, case management, counseling, transportation, cash assistance, help in applying for benefits. Over 95% of those served are from Washington County.

Wicomico County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	10
Average sheltered	24
Total homeless	30*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	14
Women	10
Children	6
TOTAL BEDS	30

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	26
Nov. 1984	21
Feb. 1985	24
May, 1985	26
AVERAGE	24

TOTAL SHELTERED

FY 83	976
FY 84	948
FY 85	847*

*453 was reported for a 5 month period; when annualized it yields an estimate of 847.

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	2
Nov. 1984	2
Feb. 1985	2
May, 1985	3
AVERAGE	2

One existing shelter turns away an average of 2 persons each night due to lack of space (75%) and disruptive behavior (25%).

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 4

AGE:	0-17	20%	(26)
	18-30	40%	(29)
	31-60	30%	(28)
	61 +	10%	(17)

N = 4

RACE:	Black	49%	(22)
	White	40%	(77)
	Other	9%	(1)

N = 4

SEX:	Male	60%	(47)
	Female	40%	(53)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 4

Persons alone	66%
Families	30%
Veterans	3%
Migrant Workers	1%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 4

Mental Health	10%
Mental Retardation	0%
Unemployment	50%
Transportation	10%
Physical Health	5%
Substance Abuse	30%
Domestic Violence	30%
Other	0%

PRIMARY CAUSE OF HOMELESSNESS

N = 5

Eviction	28%
Unemployment	10%
Foreclosure	1%
Domestic violence	30%
Deinstitutionalization	
Mental Health	10%
Mental Retardation	0%
Correctional	20%
Other	1%

FUNDING

Services provided in private shelter programs were funded from private donations.

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	6.8 (11)
Percent of total housing stock substandard	15.4 (9)
Percent of total housing stock overcrowded	2.7 (12)
Percent of families living in poverty	9 (8)
Percent of households with incomes less than $10,000	30.5 (9)
AFDC recipients per 10,000 population	421 (6)
Food stamp recipients per 10,000 population	860 (5)
GPA recipient per 10,000 population	29 (3)

UNDERSERVED GROUPS: Most frequently mentioned: long-term transients and mentally ill. Also mentioned: single women, women with children, mentally retarded, substance abusers, physically disabled and victims of domestic violence.

INADEQUATE SERVICES: Most frequently mentioned essential services that were not sufficiently available were: job training and employment, affordable housing, subsidized rental housing, and transportation. Also mentioned were: counseling, case management, mental and physical health services, emergency shelter, transitional housing and outreach.

RESPONDENT COMMENTS: Ninety-five percent of homeless persons served in FY 85 were unemployed. Lack of public transportation is major barrier to accessing services. DSS reported decrease in migrant population due to lack of jobs. DET reports 30 migrants in need of shelter in Wicomico, by mid-summer 1985. Increase noted in number of homeless who were: deinstitutionalized mentally ill, unemployed, and in need of transportation assistance.

COMMENTS: Available data has high counts for domestic violence and substance abuse because the shelter programs reporting target services to these groups.

[1] Only one shelter exists in the county, with an average length of stay of 14 days, and serves male substance abusers, women, women with children, two-parent families. The Life Crisis Center shelters victims of domestic violence in motels or private homes.
The local department of social services (DSS) provided emergency shelter in motels, in FY 85, for 10 persons. Length of stay is limited to 14 days for men, 30 days for women with children. Average length of stay was 14 days. DSS reports 93% of its cases from Wicomico, remaining 7% from Worcester, Somerset and Dorchester Counties. The shelter serves 65% from Wicomico; 20% from Somerset and Worcester; remainder from Virginia and Delaware.

Worcester County

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	20
Average sheltered	7
Total homeless	30*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	9
Women or children	4
TOTAL BEDS	13

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	5.5
Nov. 1984	3.8
Feb. 1985	4.9
May, 1985	12.9
AVERAGE	7.0

TOTAL SHELTERED

FY 83	249
FY 84	264
FY 85	323

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	1
Nov. 1984	1
Feb. 1985	1
May, 1985	1
AVERAGE	1

The only shelter (Diakonia) turned away an average of less than one person per night due to intoxication (57%), lack of space (33%) and mental illness (10%). The local department of social services (DSS) reports no turnaways.

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 1

AGE:	0–17	34% (25)
	18–30	35% (27)
	31–60	31% (28)
	61 +	0% (20)

N = 1

RACE:	Black	20% (26)
	White	79% (73)
	Other	1% (1)

N = 1

SEX:	Male	72% (48)
	Female	28% (52)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 2

Persons alone	75%
Families	24%
Veterans	0%
Migrant Workers	1%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 1

Mental Health	3%
Mental Retardation	0%
Unemployment	50%
Transportation	26%
Physical Health	0%
Substance Abuse	6%
Domestic Violence	10%
Other	5%

PRIMARY CAUSE OF HOMELESSNESS

N = 2

Eviction	8%
Unemployment	53%
Foreclosure	0%
Domestic violence	9%
Deinstitutionalization	
Mental Health	3%
Mental Retardation	0%
Correctional	1%
Other	28%

FUNDING

Services provided in private shelters were funded from a variety of sources

Private Sector	80%
Public Sector	20%
Federal	6%
State	2%
Local Government	4%
Other	6%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	13.6 (3)
Percent of total housing stock substandard	14.7 (13)
Percent of total housing stock overcrowded	3.9 (8)
Percent of families living in poverty	9.7 (7)
Percent of households with incomes less than $10,000	34.5 (7)
AFDC recipients per 10,000 population	345 (11)
Food stamp recipients per 10,000 population	558 (14)
GPA recipient per 10,000 population	11 (20)

UNDERSERVED GROUPS: Domestic violence victims, women, children, women with children, mentally ill, runaway or abandoned youth, and elderly.

INADEQUATE SERVICES: Essential services that were not sufficiently available were: affordable housing, and emergency shelter. Also mentioned: job training and employment, supervised housing and transitional housing.

RESPONDENT COMMENTS: Unemployment is increasing problem; transportation and low-income housing are needed.

COMMENTS: Added emergency and transitional housing needed. Many turnaways attributed to intoxication; special services for this group are necessary.

[1] One emergency shelter (Diakonia) serves mostly unemployed men, ages 18-35 years (66% of total served). Maximum length of stay is 5 days. During the past year, 90% were from Worcester; 7% from Wicomico; and 3% from Somerset. DSS purchased shelter for 48 persons in 1985. Maximum length of stay is 5 days. All persons served by DSS are from Worcester County. DSS also offers rent subsidies and access to food bank.

Baltimore City

ESTIMATED HOMELESS ON A GIVEN NIGHT

Estimated unserved	650
Average sheltered	506*
Total homeless	1,160*

*(rounded)

SHELTER BEDS AVAILABLE[1]

Men	369
Women	69
Children	27
General Population	180
Total Beds	645

AVERAGE SHELTERED ON A GIVEN NIGHT

Aug. 1984	351
Nov. 1984	492
Feb. 1985	496
May, 1985	412
AVERAGE	438* (506)*

*Two figures are given for average number sheltered on a given night: 438 and 506 because 3 shelters did not provide seasonal data but reported annual occupancy rates. Extropolating the numbers added 68 per night to 438, yielding a total of 506.

TOTAL SHELTERED

FY 83	12,209
FY 84	13,088
FY 85	15,699

AVERAGE TURNED AWAY ON A GIVEN NIGHT

Aug. 1984	71
Nov. 1984	121
Feb. 1985	137
May, 1985	113
AVERAGE	111

HOMELESS SERVED IN FY 85

Percent of persons sheltered*

N = 17

AGE:	0 - 17	16%	(27)
	18 - 30	37%	(30)
	31 - 60	38%	(25)
	61 +	9%	(18)

N = 17

RACE:	Black	63%	(55)
	White	34%	(44)
	Other	3%	(1)

N = 17

SEX:	Male	67%	(47)
	Female	29%	(53)

*Number in parentheses indicates approximate distribution by category in general population of the county.

SPECIAL GROUPS

N = 16

Persons alone	53%
Families	22%
Veterans	7%
Migrant Workers	3%

SPECIAL PROBLEMS OR SERVICE NEEDS

N = 16

Mental Health	27%
Mental Retardation	5%
Unemployment	66%
Transportation	20%
Physical Health	20%
Substance Abuse	38%
Domestic Violence	8%
Other	17%

PRIMARY CAUSE OF HOMELESSNESS

N = 16

Eviction	19%
Unemployment	31%
Foreclosure	0%
Domestic violence	12%
Deinstitutionalization	
Mental Health	20%
Mental Retardation	1%
Correctional	7%
Other	6%

FUNDING

Private sector	80%
Public sector	20%
Federal	5%
FEMA	1%
CDBG	less than 1%
SSBG	3%
State	4%
Homelessness Program	less than 1%
Juvenile Services	less than 1%
Women's Services	3%
Local Government	11%

VULNERABILITY TO HOMELESSNESS

The following indicators suggest the relative vulnerability of the population to becoming homeless. The county's rank in relation to other jurisdictions is shown in parentheses, a rank of 1 equaling the highest vulnerability and 24 the lowest.

Unemployment rate	7.4 (9)
Percent of total housing stock substandard	26.1 (1)
Percent of total housing stock overcrowded	5 (2)
Percent of families living in poverty	18.9 (1)
Percent of households with incomes less than $10,000	40.2 (2)
AFDC recipients per 10,000 population	1514 (1)
Food stamp recipients per 10,000 population	2003 (1)
GPA recipient per 10,000 population	204 (1)

UNDERSERVED GROUPS: Most frequently mentioned: single women, physically ill and disabled persons. Next most frequently mentioned: single men, mentally-ill. Also mentioned: runaway/abandoned youth, elderly, ex-offenders, transients, unemployed, women with children, two parent families, substance abuses, victims of domestic violence.

INADEQUATE SERVICES: Most frequently mentioned essential service that were not sufficiently available were: affordable housing, subsidized rental housing, transitional housing. Next most frequently mentioned: job training, employment, mental health services, emergency shelter. Also mentioned: case management, cash assistance, physical health services, outreach, transportation supervised housing, meals, shelter for physically disabled.

RESPONDENT COMMENTS: Seven providers noted increase in last 3 years of mental health problems among the homeless. Five noted an increase of young men, in their 20's, lacking skills or motivation. Few community resources exist to help these men. Increase in substance abuse, inability to find affordable housing and greater compexity in lives of runaway/throwaway youths were noted. Also noted was a lack of resources to assist young persons get started in life, reducing many to prostitution and dealing in drugs. Three providers mentioned need for more mental health services, shelter accessable to the handicapped, and more resources for dually-diagnosed.

COMMENTS: Additional shelter services are especially needed for women, physically ill or disabled persons, and single men. Essential services in need of expansion are: low cost housing, transitional housing, job training and employment (especially for young men), and services for mentally ill. Baltimore City has the highest vulnerability ranking in the State, suggesting that many are at high risk of becoming homeless.

EMERGENCY SHELTER BEDS

Men	204
Women	22
Children	27
General Population	173
TOTAL BEDS	426

TRANSITIONAL BEDS

Men	13
Women	47
Children	0
General Population	7
TOTAL BEDS	67

EMERGENCY OR TRANSITIONAL BEDS

Men	152
Women	0
Children	0
General Population	0
TOTAL BEDS	152

PERSONS SERVED FROM OTHER JURISDICTIONS IN FY 85

County	
Anne Arundel	52
Baltimore	133
Calvert	1
Carroll	28
Howard	12
Prince George's	9
TOTAL	354

CITY RESIDENTS SERVED IN OTHER JURISDICTIONS IN FY 85

Jurisdiction	Type Shelter	#Served
Baltimore Co.	Domestic Violence	203
Howard	Domestic Violence	2
	General Population	17
Prince George's	Youth	10
Total		222

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[1] A total of 285 beds (all but 15 for men) are in two large missions. The maximum length of stay in emergency shelters ranged from 4-60 days, with the average stay from 4-30 days. In transitional housing from 14-180 days. The local department of social service provides placement in emergency and transitional shelters and assistance in locating permanent housing; counseling; transportation; cash assistance; and help in applying for benefits. Maximum length of stay is limited to 3-5 days in agency contracted shelters, with possible extension to 30 days. Average length of stay with Salvation Army was 9 days; Project PLASE, 23 days; hotels, 12 days.

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HOMELESSNESS

RECOMMENDATIONS FOR STATE ACTION

November, 1986

Governor's Advisory Board on the Shelter, Nutrition and Service Program for Homeless Persons

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TABLE OF CONTENTS

Introduction 1
Assumptions Underlying Recommendations 2
Key Recommendations 3

Objectives

1 To expand resources for the *prevention* of homelessness, and investigate possible changes in policies contributing to homelessness 5

2 To establish a strong *emergency response* to homelessness throughout the State. 6

3 To significantly expand the supply of *transitional housing* for those homeless people who need time and assistance stabilizing their lives and establishing their independence 9

4 To substantially increase the variety and availability of *supportive housing* for homeless people with special needs. 10

5 To develop an adequate supply of low cost housing and a rental assistance program to meet the *permanent housing* needs of homeless and potentially homeless persons 11

6 To augment the capability of the State to provide *case management* services to homeless persons 13

7 To promote self-sufficiency for homeless and potentially homeless people through *job-training* and *employment* programs, *legal counseling, transportation* services, and *day care*. 15

8 To improve the effectiveness of community-based programs providing *medical and psychiatric services* for homeless, and potentially homeless people 17

9 To foster *cooperation and coordination* among all levels of government and all responsible State agencies, business and community organizations concerned with homelessness and related issues 20

A Continuum of Services: A Model. 22

GLOSSARY OF ACRONYMS

DECD	Department of Economic and Community Development
CDA	Community Development Administration
DET	Department of Employment and Training
JTPA	Jobs Training Partnership Act
DHR	Department of Human Resources
SSA	Social Services Administration
DSS	local departments of social services
CSA	Community Services Administration
IMA	Income Maintenance Administration
AFDC	Aid to Families with Dependent Children
EA	Emergency Assistance
GPA	General Public Assistance
MA	Medical Assistance
MASO	Medical Assistance State Only
DHMH	Department of Health and Mental Hygiene
JSA	Juvenile Services Administration
MHA	Mental Health Administration
DPSCS	Department of Public Safety and Correctional Services
DOC	Division of Correction
DVR	Division of Vocational Rehabilitation (Department of Education)
OA	Office on Aging

INTRODUCTION

The following recommendations have been developed by the Governor's Advisory Board on Shelter, Nutrition and Service Programs for the Homeless. The Board, which consists of members from each congressional district, is a varied group of representatives from community agencies, charitable organizations, private provider groups, and interested citizens.

Charged with the responsibility for advising the Department of Human Resources on issues concerning Maryland's homeless citizens, the Board has defined nine major objectives in the State's efforts to prevent and substantially reduce homelessness Each objective is accompanied by specific recommendations for action by the State, individual service agencies and local governments. While some of the recommendations involve new initiatives with fiscal implications, others involve strengthening efforts already underway, removing barriers to services, or realigning existing resources. Wherever possible, the Board specifies the quantities of service needed and costs of implementation.

Recommendations are based on the findings of the 1985 statewide Study of Homelessness in Maryland, testimony from the public hearings conducted throughout Maryland during 1984 and 1985 by the Governor's Board, a review of current literature and programs in other states, and discussions with program managers and other professionals in the field.

The Board's recommendations are intended to:

- assist the State in setting priorities
- establish the role of state and local governments
- clarify agency responsibility
- identify cross-cutting issues and areas in which interagency coordination is needed
- guide future budget and planning decisions

Because of recent cost-saving measures leading to the withdrawal of federal support from a number of social programs, state and local governments and the private sector have had to assume primary responsibility for the nation's poor. Many federal programs for low-cost housing, rent subsidies, employment, income and medical benefits, and food — all of which are crucial for the prevention of homelessness — have been severely cut back or eliminated; and, unless the void in funding and service delivery can be filled, the homeless population will continue to grow at the alarming rates cited in the 1985 statewide study.

The Board recognized that state fiscal resources are limited and certainly inadequate to solve all of the many problems contributing to homelessness.

However, with carefully coordinated planning based on new information gathered in the 1985 statewide study, it should be possible for the State in cooperation with local governments and the private sector, to make steady progress over the next few years.

It is the hope of the Governor's Advisory Board that these recommendations will provide realistic guidelines for action to be taken by government agencies and private groups now sharing responsibility for Maryland's homeless and potentially homeless citizens.

UNDERLYING ASSUMPTIONS

- All Maryland citizens have a right to decent housing.
- Homelessness is not an isolated phenomenon, but is fundamentally related to poverty and housing problems. The recent dramatic increase in numbers of homeless people demonstrates the inadequacy of social programs in dealing with these issues.
- The homeless population will continue to increase, despite a recovering economy, until federal, state, and local governments expand their efforts to eliminate the causes of homelessness.
- The State must assume responsibility for developing and implementing long range programs to help its homeless and potentially homeless citizens. The private sector cannot continue to bear the major burden of planning and funding programs to deal with such a massive problem.
- There is no single solution to the problem of homelessness. The homeless population is diverse and must have a wide variety of coordinated housing options and support services to answer varying needs.
- Being without shelter is the most extreme form of deprivation in a society, and is likely to jeopardize a person's physical and mental health.
- The goal of the State Homeless Program should be reintegration of homeless persons into the community, with jobs for all employable citizens and adequate support for those who are unable to work.

KEY RECOMMENDATIONS

- ✓ A Homeless Prevention Initiative (Objective 1)
- ✓ Increased funding for the Governor's Housing Initiative — $22 million (Objective 5)
- ✓ Creation of Local Boards on Homelessness (Objective 9)
- ✓ Increased funding for emergency and transitional housing ($3.5 million) and supportive housing (Objectives 2, 3, 4)
- ✓ Employment and Training Programs targeted to the homeless (Objective 7)
- ✓ Expanded funds for food and nutrition programs (Objective 2)
- ✓ Development of an Interagency Housing Team (Objective 5)
- ✓ Increased case management services for the homeless (Objective 6)
- ✓ State assumption of responsibility for health and mental health care of the homeless (Objective 8)
- ✓ Reallocation of mental health care dollars from State hospitals to community-based facilities (Objective 8)
- ✓ Development of crisis intervention health care teams (Objective 8)
- ✓ Establishment of Interagency Planning and Policy Group on Homelessness (Objective 9)

OBJECTIVE 1 To expand resources for the prevention of homelessness, and investigate possible changes in policies contributing to homelessness.

Of all the recommendations the Board offers here for dealing with the problem of homelessness, the following preventive measures are, ultimately, the most effective and the least costly for society and the individual. It is unfortunate that, at present, most programs are designed to respond to emergencies rather than prevent them. Though it costs approximately five times an average month's rent to provide one month's emergency shelter for a family of three, the federal government has chosen to cut back its programs for subsidized housing, rental assistance, job-training and employment, food stamps, and other benefits which would help prevent homelessness for a majority of the people currently served by emergency shelter facilities in Maryland.

Almost any program or service which reduces poverty or assists the poor will, at the same time, reduce the likelihood that people will become homeless. Therefore, the Board strongly supports the expansion of existing programs and the establishment of new ones to provide employment, income, and benefits for those who need them, as well as a variety of programs to prevent eviction and assist with relocation. The development of low cost housing, which is in short supply in every jurisdiction, is essential for the more than 400,000 Marylanders living in poverty, and is discussed in more detail in Objective 5. For high risk populations needing specialized services as well as benefits and housing, the cost of preventing homelessness may be greater than for the majority of poor people who simply need adequate incomes and affordable places to live. However, whether costs are calculated in dollars or measured in terms of human suffering and destructiveness to society, "an ounce of prevention is still worth a pound of cure."

RECOMMENDATIONS

✓ *The Board recommends the passage of a Homeless Prevention Initiative which will do the following:*

- *expand and improve utilization of rental assistance programs, such as Emergency Assistance (EA) administered by DHR in each jurisdiction.* The EA program, which provides grants to pay back rent and utility bills for people who have received eviction notices, is under-utilized in many jurisdictions, and should be given wide publicity as an important resource for people on the brink of homelessness. The State allows up to $6 million for the Program as a whole, and does not specify limited amounts for individual jurisdictions. The Board recommends that the Income Maintenance Administration (IMA) work to improve public understanding and statewide utilization of this program.
- *expand existing EA grants* to include payments for up to 60 days of emergency shelter, furniture storage for up to 30 days, advance rent and security deposits based on one month's rent, moving expenses, and back rent for up to twice the current monthly rent.
- *increase AFDC and GPA grants* to reflect current costs of living and inflation. Although grants have increased steadily in Maryland, the level of funding has not kept up with inflation. Current AFDC benefits, supplemented by food stamps, provide only 78% of the income required for a minimal living standard; and GPA grants for single disabled adults are even lower, meeting only 58% of the Standard of Need when combined with food stamps.
- *provide displacement counseling* in local departments of social services, housing authorities and community action agencies for homeless people and those in danger of becoming homeless through eviction, natural disasters, gentrification, and condominium conversion. A model program in Montgomery County, The Housing Information Center, currently offers these services to prevent homelessness.
- *encourage more local governments to participate in the GPA-E Program in jurisdictions where unemployment is above the national average.* GPA-E, which provides $164 per month for destitute employable people, is currently available in only the three jurisdictions where local governments have provided the required 50% of funding.
- *expand the federal government's Aid to Families with Dependent Children — Unemployed Parents (AFDC-UP) with State funds and put pressure on the federal government to ease restrictive eligibility requirements.* Young parents just entering the job market, though they may be among the first laid off of work because of lack of seniority, are often ineligible for AFDC-UP, which requires applicants to be employed for 6 of the last 13 quarters.

The State should implement the recommendations of the Maryland Housing Policy Commission to increase funding for the Governor's

Comprehensive Housing Initiative by $22 million, in order to bring the level of funding for FY 88 to $60 million. *(see Objective 5)*

Operation Match is a successful home-sharing program which places people in need of housing with those who want to share their homes. Funded by local dollars and some community block grant money, the program has been particularly effective in Montgomery County, where over 1,000 people have been matched. In order to prevent homelessness, this resource should be available statewide to low income people, especially those in overcrowded or otherwise untenable living situations.

The State must restructure existing programs and develop new ones to address the need for *job-training and employment opportunities for homeless* and potentially homeless people. *(see Objective 7)*

The State should ensure *adequate food distribution and feeding programs* for low income persons, thus enabling them to use a larger percentage of their limited incomes for housing. *(see Objective 2)*

The State should seriously consider the need for a *comprehensive health plan for uninsured and under-insured persons. (see Objective 8)*

As demands on existing programs increase, staffing needs expand. Administrative costs should be assessed realistically to assure that valid projects will not fail for lack of personnel to implement them.

OBJECTIVE 2 To develop a strong emergency response to homelessness throughout the State.

When a person becomes homeless, emergency shelter and food are the most immediate needs, critical for survival. The State Homeless Program is working to ensure that these needs are met for every homeless person in Maryland. Since 1984, when the Program was initiated, funding has increased and gains have been made in the delivery of emergency services to the homeless. However, as the Statewide Study of Homelessness indicates, gaps still exist in all jurisdictions in Maryland, leaving about 2,000 homeless people without shelter *on any given night*.

The emergency facility should be seen as a first stop on the way to whatever degree of independence is possible for an individual or family — a necessary response to a crisis, but not a permanent, institutionalized solution. Therefore, a variety of case management services and referrals for benefits and social programs should be available at all emergency facilities to help homeless people break out of the cycle of homelessness as quickly as possible.

Because emergency shelters have short-term residencies, and because many are closed during the day, residents spend much of their time on the streets. Daytime drop-in centers, which exist in only a few Maryland jurisdictions, should be available wherever they are needed as refuges from the hardships and deprivation of street life.

While H.B. 1415, which created the State Homeless Program, has provided funding and established an essential framework for action, government has remained the minority partner in the funding, planning, and delivery of services to the homeless. Non-profit charitable and religious groups bear 68% of the burden, with the state, local and federal governments together funding approximately one-third of all services to homeless people.

RECOMMENDATIONS

✓ *The State should substantially increase year-round funding for the DHR Homeless Services Program so that emergency shelter can be provided at all times in all jurisdictions.*

The 1985 statewide study of Homelessness in Maryland has found that people are homeless year-round in every Maryland jurisdiction, both urban and rural, and that a *minimum* of 200 people per night are turned away from emergency shelter facilities because of a shortage of appropriately designated beds. In addition, an estimated 1700 homeless persons do not even apply for shelter, often because none exist in their areas. With twenty-one jurisdictions reporting a need for more beds for single adults, and sixteen needing more beds for families, the State should plan to provide at least 150 new emergency beds and 100 transitional beds (see Objective 3) throughout Maryland during the next two years (approximate operating costs: $2 million over and above FY 87 funding). Currently, funds for emergency shelter are available primarily during the winter months, a limitation which implies that being without shelter is an acceptable condition in warm weather. The Board recommends that future funds for emergency shelter be allocated throughout the entire year. The State should allocate approximately $250,000 to assist with capital costs in the development of three day-time drop-in centers for homeless people where they are most needed. Because most jurisdictions do not have such facilities, homeless people must wander the streets during the hours when night shelters are closed.

A model day shelter in Atlanta, Georgia, provides — in addition to food, clothing, and showers — pre-vocational training and employment assistance, transportation, legal counsel and referrals.

✓ *During the next two years, the State should assist with "capital expenditures" for the development of three new emergency shelters for families in crisis (approximate cost: $500,000).*

A recent national report states that families are the fastest-growing segment of the homeless population, and that homeless children will soon outnumber adults. Despite the fact that families already make up 28% of Maryland's homeless, eleven jurisdictions have no shelters for two-parent families, and eight lack facilities for single-parent families.

The State Homeless Services Program should develop an Alternative Sheltering Program similar to one in Massachusetts which provides emergency housing to the homeless without formal shelters. Many charitable groups already have alternative shelter arrangements for homeless people in church basements and vacant rooms. With State funding (approximately $200,000), local non-profit organizations could obtain small grants to provide additional beds, staff to coordinate volunteer programs, and housing counselors to assist with placement in permanent housing. Further, these small grants could be used as seed money for matching grants to obtain funding from other sources.

The IMA should examine the eligibility criteria for the Emergency Assistance (EA) Program to improve access for homeless persons. The current EA Program is not generally accessible to homeless people because eligibility guidelines stipulate that applicants must present proof of previous stable living arrangements in order to receive rental assistance. The Board recommends that the EA Program waive that requirement and allow shelter and service providers to provide documentation that validates an applicant's need for benefits. In addition, the Board recommends that EA grants be increased. In view of the rising costs of rent and the disproportionately high cost of the first month's rent (with utility and rent deposits), the current EA grant of $200 for the first grant and $100 for the second is inadequate.

BATTERED SPOUSES *The Board supports the goal of the Women's Services Program to develop emergency programs for battered spouses in all jurisdicitions.* Such programs should provide shelter with intensive therapy, housing and legal counseling, pre-vocational programs, transportation to services and employment, and day care. The Board recommends that DHR re-examine the law that created the Battered Spouse Program, and proffer legislation that would ease the restriction limiting services to women abused by a spouse, so that unmarried abused women may also be eligible for assistance under this program.

ELDERLY PEOPLE Possibly the most vulnerable of all homeless people, the elderly are often the victims of violence on the streets and in shelters. Frail, disabled, and relatively defenseless, they require special attention to health care and nutrition in a more protected environment than standard emergency shelters can offer. Therefore, *the Board recommends the development of special age-segregated shelters and daytime drop-in centers with medical, nutritional, and case management services.*

The OA should consider assessing the needs of elderly homeless people and including them in existing agency programs, particularly Eating Together and Sheltered Housing.

MENTALLY ILL AND DEVELOPMENTALLY DISABLED PEOPLE *(See Objective 6)*

YOUTHS Given the increase in the number of runaways and adolescents forced to leave their homes, *DHR/SSA and DHMH/JSA should expand facilities with specially-trained counselors for this group.*

Because many homeless youths have been exploited and abused by adults, they may be distrustful; and aggressive outreach services, using street workers and mobile vans, are needed to engage their participation in programs. An effective youth program requires a full range of services, such as mental health and health care, drug and alcohol counseling, sexual abuse treatment, and education vocational training, as more and more homeless young people are turning to prostitution and drug sales in order to survive.

SUBSTANCE ABUSERS *The State should expand existing residential and rehabilitative programs for alcohol and substance abusers.* Shelter providers in public hearings report that such facilities are inadequate and generally have waiting lists. Most emergency shelters are unable to handle, and will not accept, intoxicated or active substance abusers. The Alcohol Abuse Administration and the Substance Abuse Administration should accept greater responsibility and mount more aggressive outreach campaigns for homeless alcohol and substance abusers.

The DHR and the DECD should initiate a cooperative program to develop emergency housing in privately owned buildings. In a model program in Westchester County, NY, the New York Department of Social Services identifies under-utilized, deteriorating buildings and offers low-interest loans from the State to the property owner for renovation. The owner must agree to rent these renovated apartments to the New York Human Resources Department for use as emergency housing and, after a specified period, must make them available to public assistance families at affordable rents. The New York Housing Department assists in this program by determining how much income is required to cover the owner's probable costs of repairs to property.

The DHR and CECD should jointly contract with non-profit groups or individuals to provide technical assistance to those interested in starting new facilities for homeless people. A model program in Chicago's Department of Human Services provides legal counsel, and assistance with all facets of planning, acquisition, and funding and support services for new facilities.

Local governments in all jurisdictions must be responsible for assessing the emergency needs of their local homeless populations and planning an adequate response. Such community-based planning could be conducted by a *local homelessness board in each jurisdiction.* DHR SSA should assume responsibility for encouraging the development of these Boards. (See Objective 9)

Neighboring jurisdictions, where problems may be similar and resources somewhat limited, should work together to develop regional programs and emergency facilities. In Southern Maryland, where no formal shelter facilities exist, the counties could benefit by pooling knowledge and resources for the development of needed services.

✓ Because homeless people, and many of those living in poverty on the brink of homelessness, depend on emergency food programs for their meals, *the Board supports recommendations by the Governor's Task Force on Food and Nutrition that funding for these services be increased.* With the growth of poverty in Maryland, the number of emergency food kitchens has doubled during the last three years; and there is a need for still more facilities with expanded hours of operation. The State should also expand the delivery of government food services to poor people by increasing the subsidies and improving outreach for the school breakfast and lunch programs, food stamps, and WIC, a program providing emergency food to pregnant women and their children under five years old.

OBJECTIVE 3 To significantly expand the supply of transitional housing for those homeless people who need time and assistance stabilizing their lives and establishing their independence.

To accommodate homeless people in the process of re-stabilizing their lives and obtaining permanent housing, transitional housing offers long-term residencies (from three months to a year) with varying degrees of supervision and support. While residence in emergency shelters is usually limited to a few days or weeks, transitional housing allows a longer period of relative stability during which the homeless person may seek employment and permanent housing, secure benefits, and receive counseling in preparation for more independent living. Residents usually make some contribution to rent and service costs once they have secured work or benefits. However, because these contributions are generally far from adequate to cover expenses, transitional housing programs must be subsidized with public or private funds.

All but one Maryland jurisdiction have cited a need for transitional facilities — for families with children, for abused adolescents or those leaving foster care, for teenaged parents, for disabled people, recovering alcoholics and drug abusers, ex-offenders or for any homeless person with the potential for re-integration into the community.

Transitional housing, with its strong social service component, may be tailored to fit the needs of any of these special sub-groups or to accommodate a varied cross section of the homeless population. Supervision and support services may include job training, educational and financial counseling, medical and psychiatric assistance, advocacy for benefits, housekeeping and survival skills, to prepare residents for whatever degree of independence they can manage. Because facilities tend to be small and oriented toward self-help, residents may feel a greater sense of belonging and self-respect than they would in emergency shelters, which are generally much larger.

An under-developed resource, transitional housing could serve a great many of the homeless now competing for beds in emergency shelters *if more facilities were available.* Except for those people who are able to resolve their problems and find permanent housing very quickly, or those who are extremely incapacitated, most homeless people could benefit from the supportive, rehabilitative environment offered by transitional housing programs.

RECOMMENDATIONS

✓ *Over the next two years, the State should fund the operation of 100 new transitional beds throughout Maryland (operating costs: $912,500), and should provide a significant percentage of the capital costs for developing 5 new transitional housing facilities (approximate cost: $600,000).* Only eight jurisdictions have transitional beds; and of these eight, only one reports having an adequate supply.

The State should commit annual funding for community-based transitional facilities to serve disabled homeless persons awaiting placement in supportive housing.

OLDER FOSTER CARE CHILDREN The Independent Living Program has received $150,000 in State funds and $800,000 in federal moneys to assist foster care children in making the transition to independence. Under this program, every sixteen-year-old, with the help of a social worker, will develop a long-range plan in preparation for leaving the foster care home. Those who choose to pursue education or job training will be eligible to receive a monthly stipend.

With the tight housing market, it is increasingly difficult for young people leaving foster care on a limited income to find affordable apartments. The State should consider appropriating funds and DECD should work toward providing subsidized low cost housing for these adolescents.

DECD and DHR should offer joint funding for non-profit groups to develop and operate transitional housing and to provide accompanying support services. Recognizing the importance of such services to the success of transitional housing programs, the Massachusetts housing and social services departments have issued joint requests for proposals for the development of transitional facilities with both housing and service components.

The State (DHMH, DHR, DECD) should utilize existing programs that encourage and assist local communities in the development of transitional housing. For example, with DECD funds from low-interest loan programs — part of the Governor's Housing Initiative — organizations could renovate vacant school buildings or motels for use as transitional housing.

Local Boards *(see Objective 9)* should survey their emergency shelter populations to determine the numbers and sub-groups of people who could use transitional housing.

Local departments of social services should work with emergency shelter providers to move homeless persons into transitional units whenever these become available, and should facilitate access to community resources and benefits.

DHR should provide or contract for case management services in transitional housing.

OBJECTIVE 4 To substantially increase the variety and availability of supportive housing for homeless people with special needs.

Maryland has a large number of citizens who are particularly vulnerable to becoming homeless, and particularly ill-equipped to break out of the cycle of homelessness. These people — the chronically mentally ill, the developmentally disabled, substance abusers, dispossessed adolescents, frail elderly, and people with multiple problems (e.g. physical and mental disabilities, mental illness and drug addiction) — need various kinds and degrees of support and supervision in addition to housing. In some cases, the need for supportive housing is temporary — a first step on the way to independence. However, where disabilities are chronic and severe, supportive housing may be permanent.

Sixteen Maryland counties report a serious shortage of adequately-serviced, community-based housing for disabled homeless people. The problem is especially severe in urban areas.

RECOMMENDATIONS

The State should significantly increase funding for existing supportive housing programs in private care homes. Programs such as Sheltered Housing (Office on Aging), Adult Foster Care (DHR), C.A.R.E. (Certified Adult Residential Environment DHR) — all of which can be used by elderly and/or disabled homeless adults — should be significantly expanded in FY 88.

✓ *The State should increase the number of beds in Project HOME (DHR), which houses both physically and mentally disabled adults in the community, and the Community Residential Rehabilitative Program (DHMH), which provides supportive housing for the chronically mentally disabled.* At present there are 6,500 chronically mentally ill persons in the community in need of this specialized housing, which offers a home-like, protective environment in a residential setting for one to eight people. Services to residents include room and board, housekeeping, laundry, assistance with personal hygiene, grooming and other activities of daily living. Care providers give emotional support and encourage independence, oversee the taking of medication, assist with transportation, and provide social and recreational opportunities.

The State's role in Project HOME has been to provide financial supplements for disabled adults eligible for the program, and case managers (through DHR and DHMH) to help clients access services. Unfortunately, Project HOME's goal of providing 2,000 beds for chronically mentally ill persons throughout the State by the mid-1980's has not been achieved (approximately $13.4 million needed for 800 bed deficit); and there is an estimated shortage in Maryland of 4,500 beds. The Board urges that legislative and financial supports be put in place without delay.

During the next two years, the State should assess the unmet housing and service needs of the following groups of homeless people: drug and alcohol abusers, frail elderly, and adolescents released from foster care or separated from their families without adequate preparation for independent living. Once need has been determined, the State should actively support an expansion of housing and services for these people.

The Mental Health Administration (MHA) must re-allocate funds from State hospitals to community-based mental health facilities and supportive housing for mentally disabled persons. (see Objective 8)

Increased cooperation between DHMH, DHR, OA, and DECD is essential to ensure coordinated planning and the efficient use of available resources. Specifically, improved cooperation is needed between DHMH, DHR, and DECD in the development of supportive housing for disabled people, the provision of case management services, and long-range planning.

OBJECTIVE 5 To develop an adequate supply of low cost housing and a rental assistance program to meet the permanent housing needs of homeless and potentially homeless persons.

"As more and more of the utterly destitute are — for a myriad of reasons — pushed out of their homes and fail to locate permanent housing within their means, the ranks of the homeless grow and their composition diversifies. And unless *the dearth of affordable housing is recognized as the critical, limiting ingredient to any 'solution' to homelessness,* all the outreach, all the specialized services, all the shelters, all the newly-mounted concern, can only result in one thing: a permanently disenfranchized group for which 'makeshift' has become a way of life. (Kim Hopper, "Whose life is this, anyway?," *Urban and Social Change Review*, 1984)

While it is clear that the provision of decent affordable permanent housing will not eliminate all homelessness, it is equally clear that for many homeless people the severe housing shortage is *the* problem. For the more than 400,000 Marylanders living in poverty, the federal government's termination of housing subsidies has been disastrous. A shortage of low cost housing has been documented in every jurisdiction in Maryland, and waiting lists for Section 8 and subsidized housing are discouragingly long. In Baltimore City, where problems are most severe, there is a 15-year wait; in Prince George's County, up to 10 years; and in many jurisdictions, 3-4 years.

With the federal government's withdrawal of support for public housing, developers, landlords and public agencies have little incentive to plan and build low-cost housing. Gentrification, or the upgrading of aging neighborhoods, has exacerbated the problem by reducing the number of hotels, rooming houses, and other inexpensive units available to house the poor.

As new low-cost units are not being constructed and so many of the old ones are torn down or renovated for sale or rental at high prices, the competition for remaining low-cost housing becomes more desperate. Most of Baltimore County's nearly 13,000 low cost rental units are now occupied by people with moderate incomes. And the Maryland Housing Policy Commission, in its March 1985 report, predicted an alarming statewide deficit by 1990 of 38,900 units for households earning under $10,000. To make up this deficit and simultaneously provide subsidies so that poor families can afford to pay rent will cost approximately $175 million.

The federal government has shifted to the states the primary responsibility for housing America's poor people. While the economic burden may seem overwhelming, the results of neglect — increased homelessness among them — will be far more costly in the long run.

RECOMMENDATIONS

✓ *The State should implement the recommendation of the Maryland Housing Policy Commission to increase funding for the Governor's Comprehensive Housing Initiative by $22 million,* in order to bring the level of funding for FY 88 to $60 million. The Board strongly supports the newly-enacted Housing Initiative as a significant commitment to offsetting a severe crisis in low-cost housing and stemming the increase in homelessness. However, the Board notes with serious concern that only $10.5 million of the $56 million originally proposed for the program has been made available from State General Funds. *If any impact is to be made on Maryland's serious shortage of low-cost housing, several Housing Initiative programs and goals urgently require more funds:*

- **The Low Income Rental Housing Production Program.** In addition to increasing funds, the State should target 50 percent of the new units constructed under this program to households with incomes below 30 percent of the median.
- **The Rental Allowance Pilot Program,** which provides six-month rental allowances for homeless persons. The Board recommends that CDA assess the effectiveness of this program after one year, and consider the following changes: revision of eligibility guidelines to include "the hidden homeless," i.e. poor families and individuals living in marginal or severely overcrowded conditions; and the extension of the six month limit for receipt of the allowance. Service providers have indicated that six months is usually not long enough for homeless people to overcome the many obstacles facing them in the search for affordable housing and jobs.
- **CDA's Construction Loan Program.** Increased funding should be set aside in FY 88 for the development of single room occupancy units (SRO's).
- **Goal 2** To improve health and safety in housing.
- **Goal 3** To provide no-interest or very low-interest loans to enable non-profit housing organizations to acquire, rehabilitate, build, and maintain low cost housing.
- **Goal 5** To increase housing support services for families with children, women in crisis, mentally ill and frail elderly people, and other homeless and potentially homeless people with special needs.

The State Community Development Administration (CDA) should develop a central repository of information about buildings that might be used to house the homeless. The roster should include state-owned buildings that are currently being leased to private citizens at reduced rents, abandoned properties, and buildings owned by municipalities, non-profit organizations, and private parties.

CDA should consider hiring a specialist in shelter/housing development to assist local governments and non-profit organizations in the establishment of residential programs and housing for the homeless. This specialist could also serve on the Interdepartmental Housing Council proposed by the Housing Initiative.

The State should consider offering matching grants to local governments for the creation of housing counselor positions in local departments of social services, community action agencies, or non-profit housing organizations. These counselors would have a thorough knowledge of local housing markets, would assist in preventing landlord tenant problems and foreclosure eviction, and help locate housing for the homeless.

✓ *The State's human services department (DHR/SSA/CSA), health department (DHMH) and housing department (DECD/CDA) should establish an Interagency Housing Team to make joint requests for proposals (RFP) for the development of low cost housing with support services for homeless people with special needs.* In a model program in Westchester, New York, The Special Needs Housing Demonstration Program, the state housing department and non-profit housing organizations work with human services and health departments to convert deteriorating structures into housing for disabled homeless people.

Local governments and housing authorities should ensure that information about available federal funds (CDBG) is readily accessible to non-profit organizations, and that the application process is open. This is especially important now that federal funding has been severely curtailed.

Larger urban areas should consider adding homeless families and individuals as a targeted population in their Housing Assistance Plan (HAP), a plan required by HUD in order to receive federal housing moneys.

All new facilities receiving State funds should consider accessibility for physically disabled homeless people.

OBJECTIVE 6 To augment the capability of the State to provide case management services to homeless persons.

Because homeless people often have complex needs and require the services of more than one agency, case management is of crucial importance in breaking the cycle of homelessness. Ideally, specially-trained case managers should be available wherever homeless and potentially homeless people are found — at shelters, soup kitchens and in public places — to help assess individual needs and develop a plan for services to meet those needs. Whether the client is a street person reluctant to seek help, a mental patient about to be released from a state hospital, or a poor family facing eviction, the case manager can provide essential guidance and act as a liaison in the securing of necessary services. Among those services are: advocacy for benefits, medical and psychiatric assistance, job training and employment, educational and financial counseling, and referrals for permanent housing. Once services have been secured, the case manager should maintain contact with the client in order to reassess needs periodically and monitor the quality of services.

The presence of a skilled, sympathetic counselor in the life of a homeless person helps to counteract the feelings of powerlessness so often experienced by the homeless. Not only does case management promote a humane approach to the problems of homeless people, it encourages and facilitates independence and should help to minimize the length and number of episodes of homelessness for any individual or family.

RECOMMENDATIONS

✓ *The State should significantly increase funding to expand the existing case management system in three DHR programs: Social Services to Adults (SSTA),* a program which trains case managers and provides case management services to eligible single adults; *Adult Protective Services (APS),* which provides shorter-term case management to vulnerable adults who are at risk because of abuse, neglect, or self-neglect; and *Services to Families with Children (SFC).*

- SSTA — Currently understaffed (100 social workers for 6800 clients), SSTA needs 80 additional case management positions ($1.6 million) to meet the projected caseload for FY 88, not including case managers for homeless adults. The Board recommends the addition of another 20 case managers ($420,000) specifically trained and targeted to serve the homeless. A staff client ratio of 1:15 would enable case workers to engage in aggressive outreach and crisis intervention, and intensive advocacy and counseling.

- APS — By FY 88, APS will have only 60 percent of the staff required to meet a projected 50 percent increase in cases. In addition to this 50 percent increase, there is an anticipated increase in the number of vulnerable homeless adults needing case management. The Board supports increased funding for APS staff which will enable the program to provide targeted services to vulnerable adults who are homeless.
- SFC — Increased personnel are needed to help homeless families, many of whom have no resources for shelter, food, clothing, or medical care. SFC needs intake service workers to make referrals and link families with benefits and case managers, and Intensive Family Services social workers to counsel families in crisis. The Board supports increased funding for staff to serve homeless and potentially homeless families.

DISABLED ADULTS Administered and sponsored by DHR/SSA with advocacy and legal groups in Prince Georges County, the Representative Payee Project is a successful program which helps disabled adults manage their finances. This service has been useful in preventing homelessness for clients who might have been evicted for failure to pay rents, or for those whose personal funds might have been depleted through mismanagement. The Board urges the State to expand it to other jurisdictions in addition to Prince George's County.

DEINSTITUTIONALIZED PEOPLE *The Board urges that no person be discharged from any public or private institution without plans and provisions for income, housing, and wherever necessary after-care.* In addition, every person leaving a mental hospital, prison, general hospital, foster care home, or special facility for mental disability or substance abuse should have an I.D. on file and benefits in place.

During FY 88, DHMH has requested funding to increase its case management staff so that *every person leaving a State mental hospital will have access to a case manager* (approximate cost: $2.9 million). The Board supports this increase, and urges DHMH to consider placing case managers in community health centers. These facilities currently have no case management staff.

DHR and DHMH should periodically evaluate the appropriateness of current living arrangements for deinstitutionalized people in the community.

PRISONERS AND EX-OFFENDERS *The Board recommends that the State expand funding so that four programs — Project CARE, Community Re-Entry, the DPSCS Multi-Disciplinary Program, and Work Release — may be more widely available to prisoners, parolees, and ex-offenders.* Planning for post-release job placement, benefits, and housing should help to reduce homelessness among this group.

- Project CARE (Cooperative Assistance and Resources for Employment) is a state-funded pilot program based on a Boston model. In operation in Baltimore as of July, 1986, Project CARE is primarily directed toward finding jobs for parolees and ex-offenders. In addition, the program will facilitate access to food stamps, medical assistance, income benefits, housing and health services.

  The Department of Correction has asked that Project CARE be expanded to include offenders serving sentences of a year or less, as well as long-term offenders.
- Community Re-Entry is a pilot program in the Baltimore City Jail funded by MHA (DHMH) and DOC (DPSCS). The program provides case managers to work with repeat offenders who are diagnosed as chronically mentally ill and are currently charged with minor offenses. Prior to discharge, case workers develop plans to help clients obtain appropriate housing, benefits, and medical services. The goal of the program is to assist with re-entry into the community and prevent recidivism.
- The Multi-Disciplinary Program — This model program places social workers in correctional institutions to make psycho-social assessments of inmates and their families, to help inmates plan for their time during and after incarceration, and to conduct group counseling sessions. The Board supports the DOC's request for funds to place 35 more social workers in the 5 prisons where counseling programs do not exist.
- DPSCS Work Release Program — The Board requests increased funding for this program so that more of the eligible prisoners in minimum security facilities can participate. Work release opportunities are currently available to less than 3% of Maryland's 12,600 prisoners.

State agencies such as DHR, DHMH, and the Office on Aging must develop outreach programs for the homeless. To assure that outreach services are accessible to all homeless people, staff should make scheduled visits to shelters, soup kitchens, and public places such as libraries, parks, bus and train stations where the homeless are found.

The State should consider funding case management positions through purchase of service contracts with private non-profit groups that operate shelters or transitional facilities. CONSERVE, a non-profit organization serving Washington D.C. and the Maryland metro counties, offers a model for this kind of contractual arrangement.

A knowledgeable representative from each local department of social services should sit on each local board on homelessness to help with planning for case management services. Based on current information supplied by the representative, the local board can make recommendations to the SSA for improvements to the case management system. Feedback and coordination between a citizens' group and the local DSS already exist in some counties: e.g. Anne Arundel County Shelter Action Group.

OBJECTIVE 7 To promote self-sufficiency for homeless and potentially homeless people through job-training and employment programs, legal counseling, transportation services, and day care.

According to the 1985 statewide Study of Homelessness in Maryland, unemployment has been the precipitating cause of homelessness for 28 percent of Maryland's homeless citizens; and seven jurisdictions have reported unemployment and poverty as the primary reasons for homelessness in their areas. Because so many people without incomes adequate to pay for housing and other living expenses become dependent on costly social service programs, the Board strongly supports job-training and employment programs so that homeless and potentially homeless people may be as self-sufficient as possible.

Though figures vary, two recent reliable studies of the homeless population indicate that 30 to 60 percent of all shelter residents are immediately employable. Unfortunately, most of the jobs available to these people — many of whom lack skills — pay only a minimum wage and offer no benefits or opportunities for advancement; therefore the cost of rent and security deposits may exceed a person's earnings, or leave little money for food, fuel, and other necessities.

Although existing public employment programs are officially available to homeless people, they are not geared to the special needs of this population; and, in many cases, they are inaccessible. Homeless people lack a permanent address, and generally have no provisions for transportation or day care. They may have only limited education and work experience, and little knowledge of job-search techniques or workplace discipline. Despite the fact that at least half of the homeless require extensive support and preparation in order to secure jobs, Maryland has no employment programs targeted to this group.

Federal retrenchment from many programs — e.g. day care, public transportation, legal aid — has left a funding void for services which are essential to unemployed and low-income people, more and more of whom are becoming homeless. A recent report by the Maryland Committee for Children indicates that the demand for day care exceeds its availability; and the shortage of subsidized day care slots prevents many homeless parents from holding jobs. While the State cannot assume the full economic burden for these social programs, state and local governments and the private sector must continue and expand cooperative efforts to promote financial independence for all employable citizens.

RECOMMENDATIONS

Using federal (Job Training Partnership Act — JTPA) and State dollars, the Department of Employment and Training (DET) should fund job-readiness, training, and employment programs in shelters and community agencies serving the homeless. In Philadelphia, a six-month demonstration project, Job Training for Shelter Residents, has found employment for 60 percent of the Program's participants. Operated by a non-profit group with funds from JTPA and a local government employment agency, the program provides job skills, job search techniques, placement, on-the-job training, transportation and day care.

The Governor's Employment and Training Council, which oversees the entire JTPA program, and the Governor's Task Force on Special Populations should fund job training and employment programs for Maryland's homeless citizens.

The DET should provide incentives to local Private Industry Councils (PIC) to use part of their JTPA funds to train homeless people for jobs. In Los Angeles, the Emergency Employment Opportunity Program uses JTPA funds, through local PIC's and local government, to provide placement for employable but unskilled homeless people.

Of the 10 percent of JTPA funds set aside for special populations, a portion could be used by DET for training and employment programs for the homeless.

The Board urges DET to act on steps outlined in recently signed cooperative agreements with DHR and DHMH: 1) to develop informational materials on job programs; 2) to conduct training workshops for DHR and DHMH staff; 3) to provide one trained DET staff person in each local office to work with disabled and disadvantaged persons, and those receiving public assistance but not served by other State employment programs. DET DHR and DET DHMH should serve homeless persons as well as displaced homemakers, battered spouses, teen parents, adolescents preparing to leave foster care, and persons receiving Intensive Family Services; and 4) to form liaisons with local DSS offices and shelters to improve access to DET programs for homeless people and to exchange information and expertise about creating jobs in the community for the homeless.

To improve re-training services and find jobs for Maryland's migrant workers, DET should continue to coordinate efforts with the Governor's Commission on Migratory and Seasonal Farm Workers.

DET staff should expand efforts in pre-release programs in prisons, State mental hospitals, and facilities for retarded people to provide job-readiness skills, job training and employment. These services are most likely to be effective if they are offered *before* a person has returned to the community.

The State Department of Education's Division of Vocational Rehabilitation (DVR), with increased State funding, should set aside a number of job-training slots for homeless people with severe mental or physical disabilities. In order to ensure that severely disabled homeless people have access to DVR programs, the Division should establish a formal link with area shelters to provide information workshops on job-readiness, and training and placement programs newly available to this group, and to help shelter staff connect eligible persons with their programs.

Each jurisdiction, with the cooperation of public and private sector agencies, should develop resource directories of local job-training and employment programs.

Because day care may be necessary in order for homeless parents to obtain jobs, the State should increase the number of subsidized places for day care for children of low income families, and give priority to homeless families when filling these places. In addition, the State should increase subsidy payment to day care centers to a competitive level so that they will be able to serve more subsidized children.

In at least 17 countries, the lack of public transportation presents a serious obstacle for homeless people seeking employment and benefits. Wherever possible, the State should contract with non-profit organizations to provide vans to transport homeless people to job opportunities and services.

In view of federal cuts for legal assistance to low-income people, the State should provide additional funding to Legal Aid, the Maryland Disability Law Center, Maryland Legal Services Corporation, and domestic violence programs for continued legal services to homeless and potentially homeless people, especially battered spouses, disabled people, and those who have been evicted.

OBJECTIVE 8 To improve the effectiveness of community-based programs providing medical and psychiatric services for homeless and potentially homeless people.

Since most of us take shelter for granted, it is perhaps worth repeating that homelessness is a condition fraught with immense physical and emotional risk. Not only does homelessness heighten exposure to the elements and disease; it saps the spirit and the will to act. Moreover, the lack of a stable residence creates unusual difficulties in the delivery of basic physical and mental health services.

Many homeless people are physically or mentally disabled even before the search for housing becomes their primary concern. According to service providers, in 1985 approximately 26 percent of those sheltered in Maryland had mental health problems and about 34 percent had problems with drug and alcohol abuse. And *all persons* who experience homelessness for an extended period, including the 22 percent of Maryland's homeless who are under 18, are subject to serious physical and mental disorders: nutritional deficiency illnesses, respiratory ailments, skin diseases, infections, injuries from accidents and physical violence, and mental stress leading to confusion, fear and depression. Untreated, these maladies often lead to illnesses which severely drain a person's strength and weaken his or her capacity to alter the homeless situation, thus increasing the probability that homelessness will be prolonged or permanent.

There are a number of special problems in the design and delivery of health care policies and services for homeless people. Many homeless people are ineligible for insurance; and those who are eligible often do not realize it, or may fail to apply because procedures are too complicated and time-consuming. While the homeless typically lack funds to pay for medical care, direct or third-party payments are required more and more often as the federal government and cost review commissions put pressure on medical facilities to contain costs. Thus, hospitals and Community Health Centers, which traditionally have provided medical care for the indigent, must show preference for paying clients over charity cases, in effect forcing the low-income uninsured out of the medical care system. Improved access to medical insurance for the homeless is essential if they are to receive much-needed medical and mental health services.

Another major obstacle to the delivery of health care to the homeless is the lack of transportation to service facilities, particularly in suburban and rural areas where no public transportation exists. In addition, the lack of a stable address precludes follow-up care and call-backs, or the use of the mails to deliver reports and forms. Vigorous outreach efforts are needed to bring services to such a widely-dispersed population.

The responsibility for basic health services for the homeless rests primarily with the public sector. The public sector, however, is divided into separate state and local departments, some of which have narrow eligibility requirements for the provision of services, and some of which simply lack services altogether. Because the homeless population is made up of diverse, and sometimes overlapping, sub-groups, there are many people who either do not fit existing public service categories or who must apply to several different bureaucracies for services. Recognizing the difficulties of providing medical and mental health care to the homeless in such a fragmented system, the State must develop comprehensive, innovative approaches to solving this problem.

RECOMMENDATIONS

✓ **HEALTH CARE** *The State Department of Health and Mental Hygiene should assume major responsibility for providing health services for the homeless.* To date, the private sector, through the Robert Wood Johnson Foundation/Pew Memorial Trust Fund, has provided the only comprehensive thrust in this area with the development of its Health Care for the Homeless Program, which will operate until 1988 in clinics in two Baltimore City shelters. The Board recommends that the DHMH pick up funding in 1988 for this program, expand it to other urban areas, and restructure it for rural jurisdictions.

DHR/IMA and DHMH should expand outreach efforts to enroll eligible homeless persons in medical insurance programs, such as Medicaid and State Medical Assistance (MASO). Specifically, DHR/IMA should provide medical assistance applications in all shelters and soup kitchens, and train staff of these facilities to help homeless people fill out lengthy applications. DHMH should consider funding ombudsmen to assist in gathering documentation in this difficult process of eligibility determination.

Health and social service workers should be advised of an important change in the policy of eligibility for medical assistance: for the past three years, shelters, soup kitchens and other community service agencies have been accepted as mailing addresses for homeless persons receiving benefits.

To improve access to medical assistance benefits for homeless people, DHMH should consider liberalizing the eligibility process for Medicaid and MASO, and establishing "presumptive eligibility" for four months for homeless people. New York City's Human Resources Administration is currently conducting a demonstration project which helps medically needy homeless people obtain benefits (Medicaid) without lengthy delays. Teams of social workers and medical personnel visit shelters and soup kitchens to interview applicants and fill out medical history forms. Application and documentation requirements for these applicants are somewhat simplified; and, if an applicant is found to be eligible under these modified requirements, he is granted "presumptive eligibility" for four months (instead of the usual six) while further processing continues in accordance with standard procedures. Thus, a medically needy homeless person is presumed to be eligible and may receive benefits immediately while awaiting final eligibility determination.

The Board urges the DHMH to develop a comprehensive State Health Care Plan for uninsured and under-insured people. Until such a plan is in place, the State should consider raising the income level for eligibility for Medicaid to 100% of the federal poverty level ($11,000 for a family of four; $5,360 for a single adult) so that more of Maryland's low income and homeless people would be able to receive Medicaid. Current eligibility is limited to families of four with incomes of $5,100 or below.

The Board supports cooperative efforts of DHMH and the Primary Health Care Association, an organization representing the eleven Community Health Centers in Maryland, to improve access to basic health care for the uninsured and under-insured. With a federal grant of $100,000, these groups have already accomplished a number of objectives. They are currently considering proposals to change state insurance laws so that basic health care would be included in all health insurance policies. They are also considering the establishment of a primary health care trust fund for people without coverage.

The Board recognizes the potential of Community Health Centers for serving indigent populations, and urges the State to consider these centers as a valuable resource for delivering health care to the homeless.

✓ *DHMH should consider providing mobile health vans to treat homeless people on site in shelters, soup kitchens, and public places, and to transport those with serious health problems to hospitals.*

Local health departments should send visiting nurses into shelters and transitional facilities to evaluate medical problems, supervise medication, and treat minor illnesses, and to provide follow-up care after a person is settled in permanent housing. This type of outreach service already exists in several jurisdictions, and should be more widely available throughout the State.

Shelter providers and hospital staff have identified a need for respite care beds for people who are well enough to leave hospitals, but too ill to care for themselves. It is particularly unrealistic to expect a homeless person wandering the streets to follow a doctor's instructions for diet, medication and bed rest. *Therefore, the Board urges the development of respite care beds in areas where they are most needed.*

✓ **MENTAL HEALTH CARE** *The Mental Health Administration must reallocate funds from State mental hospitals to community health facitlites, and supportive housing for mentally disabled persons.* Currently, about 80 percent of the mental health dollars still support operation of the State hospitals, which house only about 10 percent of Maryland's chronically mentally ill.

While the Board strongly supports the broad outlines of the MHA's Five Year Plan for deinstitutionalization, it believes that MHA must adopt a specific schedule for the expeditious transfer of funds.

DHR and DHMH should designate personnel from local departments of social services to communicate regularly with State mental hospitals about social needs, housing, and benefits of patients preparing for discharge. While ad hoc liaisons do exist in a number of jurisdictions, a more formalized system would help to ensure patients' successful re-entry into the community.

The Board supports the DHMH request for funding in FY/ 88 to increase its case management staff so that *every person leaving a state mental hospital will have access to a case manager* for aftercare planning and follow-up services.

The Board supports DHMH's efforts to pilot a "conditional release" program, which requires persons involuntarily committed to state mental hospitals, as a condition for discharge, to adhere to a prescribed treatment plan in a community setting. The program, to begin the fall of 1986, will be time-limited and should be carefully monitored to determine its effectiveness.

The Board supports the efforts of DHMH to provide prompt and effective mental health care for the homeless in Community Mental Health Centers. During FY 88 DHMH has requested funding to place case managers and crisis intervention teams in these facilities, and has sought priority status for the homeless mentally ill. Currently, neither case management nor crisis intervention is available in Community Mental Health Centers. Though persons leaving State mental hospitals do have a priority for their first mental health appointment at the CMHC, there is normally a delay of several weeks before the appointment date. Therefore, it is not unusual for homeless people to miss this first appointment; and, because they have no permanent addresses, the CMHC loses track of these patients even before treatment begins. The Board urges that initial mental health appointments be scheduled immediately following release from hospitals.

Community Mental Health Centers (CHMC) should designate staff to act as liaisons with all shelters and soup kitchens in their catchment areas, as well as with community programs serving battered spouses, homeless adolescents, drug and alcohol abusers, and ex-offenders.

Community Mental Health Centers should promote exchanges of information ("networking") among services, programs, and providers in their catchment areas.

DHMH, using CMHC or private contractors, should train personnel of shelters and meal programs to recognize signs of impending crisis and intervene effectively. In addition, personnel should be taught to manage medications, fill out medical assistance applications, and obtain appropriate mental health services for homeless clients.

DHMH has acknowledged that, among some staff members in Community Mental Health Centers, prejudicial attitudes exist about chronically mentally ill persons, especially those who are homeless. The Board urges that CMHC staff be carefully trained and grants be monitored to ensure that chronically mentally ill homeless persons will be encouraged to participate in CMHC programs.

DHMH/MHA should fund on site mental health services, including psychiatrists, at specific shelters as part of the Health Care for the Homeless Program (see above), to evaluate and treat residents, monitor medications, and make referrals for appropriate mental health services.

DHMH should utilize all appropriate health service agencies (CMHC's, local health departments, non-profit agencies) *to provide mobile crisis intervention teams in shelters, soup kitchens, and on the street.*

DHMH MHA should provide a 24-hour hot line for mental health crises at shelters and soup kitchens. Emergency psychiatric consultations and support services are crucial for providers serving mentally ill homeless persons, and for local police who are often called to handle such emergencies.

DHMH should develop a Health and Mental Health Resource Directory listing all local health facilites and crisis intervention services, with names of contact persons and phone numbers.

The Board supports the efforts of DHMH to develop respite beds for mentally ill persons experiencing a crisis while living in the community. A valuable resource for shelter providers, respite care beds with trained staff would offer a supportive setting while the patient stabilizes, and an alternative to inappropriate hospitalization. Respite care staff would assist persons in finding appropriate permanent housing once the crisis has passed.

OBJECTIVE 9 To foster cooperation and coordination among all levels of government and all responsible State agencies, business and community organizations concerned with homelessness and related issues.

Because homelessness is a multi-faceted problem affecting a diverse population, there are many agencies and organizations dealing with the various aspects of the issue; and no single State agency has ultimate responsibility for the welfare of Maryland's homeless citizens. While shared responsibility may be necessary in dealing with such a complex problem, the lack of a comprehensive approach with integrated planning often leads to inefficiencies and failures in the system.

For example, according to the 1985 statewide Study of Homelessness in Maryland, "The lack of coordination is most clearly seen in unsuccessful attempts to serve the dually diagnosed homeless client" (i.e. one with a combination of problems, such as mental illness and retardation, or mental illness and alcoholism). Where there is no integrated approach to homeless services, the "dually diagnosed" may be neglected as agencies, unclear about who is responsible, fail to respond to the client's needs. With comprehensive planning and centralized responsibility, such failures would be less likely to occur.

Throughout the preceding objectives, the Board has recommended cooperative programs and planning efforts involving federal, state, and local governments; state agencies; the public and private sector; and neighboring jurisdictions. In order to prevent homelessness and help homeless people move as quickly as possible through the continuum of services from emergency to permanent housing, all responsible agencies and organizations in the public and private sectors must be mutually supportive and work toward certain agreed upon goals. Therefore, the Board strongly urges the establishment of planning and policy consortiums on both the state and local levels. Proposals for a state interagency planning and policy group and local homelessness boards are described in some detail below.

RECOMMENDATIONS

✓ The Board urges the Governor to appoint an interagency planning and policy body including senior representatives from key state departments concerned with homelessness and related issues — human resources (DHR), housing (DECD) health (DHMH), employment (DET), vocational rehabilitation (DVR), and corrections (DPSCS). The Governor should designate a member of his executive staff as chairperson of this group, which would be responsible for addressing service gaps and coordinating programs for the homeless to avoid unnecessary duplications and to ensure the most effective delivery of services.

Each separate state agency serving the homeless should collect data on the number of homeless clients served and the services provided. DHR agencies should collaborate on the development of the data system to ensure comparable data. DHR should assume responsibility for pulling together an inter-agency committee to develop a plan for data collection.

See Objectives 1-8 for other specific recommendations for cooperative inter-government and inter-agency planning and programs.

✓ *Local governments should form local boards on homelessness to be responsible for assessing the needs of their local homeless populations and planning an adequate response to these needs.* This community-based structure should be made up of representatives from public agencies (local DSS, health and police, charitable/religious groups, community service organizations, business interests, and, if possible, someone who has experienced homelessness). Local boards on homelessness could be set up in a variety of ways. For example, in jurisdictions where no other responsible agency exists, the local department of social services' advisory boards should provide the nucleus for these homelessness boards, but membership should be expanded to include people with a variety of related interests and expertise.

The primary role of the local homelessness boards should be to assess needs for emergency and transitional housing, case management and support services; and to develop policies and plan programs within their own jurisdictions and, possibly, in cooperation with neighboring jurisdictions. Local boards would also inform the State about local problems and submit proposals for funding. Because situations vary from county to county, community-based planning is most likely to lead to well-directed efforts to solve specific local problems. In addition to local needs assessment and planning, local boards should consider the following initiatives:

- appoint a resource development coordinator in local government to help create a local resource guide and resource referral center for homeless services.

- establish a network of agencies and service providers to ensure that available resources are well publicized.
- encourage local PIC's to develop private sector jobs for homeless people.
- examine issues related to the siting of shelters, transitional and low-income housing — i.e. prohibitive zoning laws and negative community attitudes.

In neighboring jurisdictions, where problems may be similar and resources somewhat limited, *organizations can work together to form regional coalitions and networks*, as is being done in Central Maryland, Frederick, Prince George's, and Montgomery counties.

The Board encourages the sharing of information through a statewide newsletter on issues, policies and programs for the homeless. The national Committee for Food and Shelter, Inc., publishes such a newsletter in order to promote a useful, stimulating exchange of ideas and information among government and private organizations.

The Board recommends a stronger working partnership between state agencies and providers of emergency shelter and transitional housing. DHR and DHMH should: 1) organize training sessions on service coordination and advocacy techniques for the staffs of shelter and meal programs; and 2) establish a hot line whereby providers may obtain information or assistance in emergencies.

A CONTINUUM OF SERVICES

This model illustrates the continuum of services required to respond effectively to crises and help homeless people re-establish themselves in the community. It presents an ideal picture — one which has been realized only imperfectly so far. Because of severe shortages of case management personnel, facilities, and affordable permanent housing, many people are trapped in the most dependent and unstable "emergency" condition, and never make the transition toward greater self-sufficiency.

Emergency shelter, food, and clothing are essential for immediate survival, but will not be sufficient to break the cycle of homelessness for most people. Case management services provide the crucial link between the homeless person and a stable life in the community. Once an individual or family has been temporarily housed in a safe, humane shelter, a case manager/advocate may begin to assist in planning for more permanent solutions. Functioning as a liaison and guide in the complicated maze of social agencies and housing programs, the case manager will help clients obtain appropriate public assistance benefits and housing, and will help arrange for necessary health, mental health, and employment services. Ideally, the case manager will follow up and monitor the quality of services a client receives, and periodically reassess the client's needs.

The transition from temporary to permanent housing can be accomplished *only if enough appropriate and affordable housing exists.* Because the homeless population is so varied, there must be a variety of suitable options. For many homeless people, low-cost subsidized housing will be the answer. Others — the mentally or physically disabled, substance abusers, youths and frail elderly — require various kinds of supervision and special living arrangements. For the majority of individuals and families attempting to stabilize their lives and establish independence, job-training and/or employment assistance are essential.

Clearly, prevention is the least costly approach to the problem of homelessness. Any programs which forestall evictions, assist with relocation, and provide adequate public assistance grants, employment or benefits for people who need them will help to reduce the number of homeless citizens. And the development of low-cost housing, currently in short supply everywhere in Maryland, is crucial for the state's poor people, many of whom are unable to find affordable places to live. Unfortunately, prevention programs are the weakest part of the continuum in Maryland at this time.

A MODEL FOR A CONTINUUM OF SERVICES

PREVENTION

- adequate income assistance
- food stamps, fuel and medical assistance
- eviction prevention/housing counseling
- emergency assistance
- information and referral
- community education
- advocacy
- employment and training

CRISIS RESPONSE

- emergency shelter
- food and clothing
- financial assistance
- information and referral hot line
- medical and psychiatric intervention
- transportation

INTERMEDIATE RESPONSE

- transitional housing
- temporary supportive housing
- health, mental health, and social services
- employment and training
- day care services

PERMANENT RESPONSE

- affordable housing
- residential hotels and lodging houses (SRO's)
- supportive housing
- employment

← CASE MANAGEMENT →

Based on a chart developed by:
Nancy K. Kaufman
Executive Office of Human Services
Commonwealth of Massachusetts
11/85

WHERE DO YOU GO FROM Nowhere

A study of homelessness in
Maryland commissioned by the
Maryland Department of Human
Resources conducted in 1985 by
the Health and Welfare Council of
Central Maryland

EXECUTIVE SUMMARY

August, 1986

Not only are there more homeless people in Maryland and throughout the United States than at any time since the depression of the 1930's; the homeless population is now more diverse, and includes individuals and families who are without shelter for a variety of reasons. Shelter providers report increasing numbers of the "new poor" — persons with long work histories who have lost their permanent housing because their jobs have disappeared and/or their benefits have expired.

In Maryland, where the homeless population closely resembles that of other states, racial minorities are disproportionately represented: 48 percent of the homeless seeking services are in this group, though they comprise only 23 percent of the state's population. Approximately one-third of the homeless population served in FY85 reported problems with alcohol or drug abuse, and one-fourth of the total reported mental illness— sizable percentages, but not the majority, as many people believe. Families represent 28 percent of the homeless served and people 30 years old and under represent 58 percent, the largest subgroup.

Maryland's homeless citizens are diverse

- In Baltimore City, a young mother with two children under three years of age could not afford to pay for rent with her $313 monthly public assistance allotment. She wandered the city streets with her children for a year before getting a place at Viva House, West Baltimore's nine-bed shelter for homeless women. Because this is a temporary emergency facility, they were able to stay only three weeks.
- An Eastern Shore man, after moving his family to Baltimore County in search of employment, was unable to find either work or shelter. He is living with his wife and two teenaged sons in an abandoned bus.
- A retired carpenter from Prince George's County, with no family ties and only a meager pension and Social Security benefits, is unable to afford permanent housing. He travels constantly.
- A middle-aged man from Western Maryland, after five years in a state mental hospital, is released with an aftercare plan that includes living arrangements in the home of relatives. A catastrophic illness in the family makes it impossible for them to keep him. He is not entitled to SSI benefits and, without income, housing or employment, he wanders from one emergency shelter to another.
- A family of five, driven out of their substandard apartment by rats, has been staying at a temporary shelter for weeks while they search for a decent, affordable place to live.
- An 18-year-old Annapolis girl, released from foster care but unprepared for her independence, is unable to find a job or a place to live with friends. Completely without resources, she has spent the past six months in a series of emergency shelters.

Numbers and distribution of Maryland's homeless

Since 1983 there has been a 45 percent increase in the number of persons sheltered in Maryland, with shelter providers reporting over 28,000 homeless persons ***served*** *in 1985.*

On *any given night* during FY85, about 2,900 Marylanders were homeless. Of these, approximately 1,200 sought shelter from service agencies and, on an average, 998 were given a bed for the night. An estimated 1700 persons never apply for services, often because adequate and appropriate services do not exist in their areas.

Baltimore City, where almost half of Maryland's poor people live, has the largest concentration (40 percent) of homeless people in the state. Other large concentrations of the state's homeless people are to be found in Metropolitan D.C. (22 percent) and the counties of Central Maryland (20 percent).

While rural jurisdictions with minimal services report fewer homeless citizens — Western Maryland has 9 percent of the State's homeless, Southern Maryland has 4 percent, and the Eastern Shore has 5 percent — there are uncounted numbers of ''invisible'' homeless people sleeping in abandoned barns, chicken coops and cars, under bridges and in the woods. *These statewide statistics do not include the many potentially homeless families and young people living either on the brink of eviction or already doubled up with friends and relatives for shelter, unable to afford places of their own.*

Factors contributing to homelessness

One of the most common misconceptions about homelessness is that people are without housing because they prefer to live that way. When an occasional street person refuses emergency shelter, the media may publicize the episode without asking disturbing questions about how the person came to be homeless in the first place.

In Maryland, 52 percent of those receiving shelter cited eviction or unemployment as the precipitating cause of their problems. Despite the drop in national unemployment statistics, there are still many unemployed and severely underemployed Americans living on the economic margin. And many unemployed people are not counted because they have despaired of finding work and have stopped looking.

Although Maryland is one of the wealthiest states, ranking 6th in per capita income, its public assistance payments rank only 27th in the nation. Current AFDC grants, supplemented by food stamps, provide only 78 percent of the income required for a minimal living standard (the State Standard of Need). GPA grants for single disabled adults are even lower, meeting only 58 percent of the Standard of Need when combined with food stamps. These grants are usually inadequate to cover the cost of housing and leave little or no money for other necessities such as food, fuel, clothing, and medical care.

For the more than 400,000 Marylanders living in poverty, the federal government's termination of housing subsidies has been disastrous. *A shortage of low cost housing has been documented in every jurisdiction in Maryland,* and waiting lists for Section 8 and subsidized housing are discouragingly long. In Baltimore City, where problems are most severe, there is a 15 year wait; in Prince George's County, up to 10 years; and in rural St. Mary's, Calvert, and Cecil counties, 3 to 4 years.

Gentrification has exacerbated the problem in many places. The upgrading of aging neighborhoods has frequently led to a reduction in the number of hotels and rooming houses available to house the poor. *The Maryland Housing Policy Commission, in its March 1985 report, predicts a statewide deficit by 1990 of 38,900 units for households earning under $10,000, many of whom are single parents, blacks, and elderly people.*

Approximately one-fifth of homeless persons receiving shelter in FY85 had been deinstitutionalized from a variety of facilities (mental hospitals, general hospitals, nursing homes, prisons) without a plan to provide them with transitional housing or support services. *The deinstitutionalized chronically mentally ill, while not as numerous as they are generally perceived to be, represent a particularly vulnerable and needy sub-group of the homeless population.* Since the mid 1950's, Maryland has been releasing long term patients from State mental hospitals, reducing the number of admissions, and shortening stays, as part of the nationwide trend toward community based mental health care.

Unfortunately, while the hospital population has been substantially reduced, the State has not developed a community-based care system (including out-patient mental health services and supervised living arrangements) adequate to replace hospital services. Until the establishment in 1979 of Project HOME, the Department of Human Resource's program to find housing for deinstitutionalized mentally disabled people, few programs existed for this group; and people ill-equipped to cope with independence were being returned to society with almost none of the essential supports.

State mental health officials acknowledge that over 80 percent of Maryland's mental health funds are being used to care for the small portion of seriously mentally ill people residing in State hospitals. This leaves a large number of the chronically mentally ill almost without resources; and, for many of those people, emergency shelters, without trained mental health personnel, are becoming the institutional alternative to State mental hospitals. The transfer of a greater percentage of State funds from State mental institutions to community-based support systems seems an urgent prerequisite to the changing approach to mental health care.

Inadequate funding has not been the sole obstacle to the appropriate placement of deinstitutionalized mentally ill people in the community. Neighborhood resistance to the presence of halfway houses, group homes, soup kitchens and shelters has been very strong; and restrictive local zoning ordinances often prevent the establishment of such facilities. Any nearby facility for homeless people is generally seen as a threat to the image of the surrounding neighborhood. *Public education is needed to reduce fear and prejudice.* At the same time, to eliminate any realistic basis for neighborhood anxiety, *high standards of care must be developed and maintained within facilities.*

Without supervised housing, deinstitutionalized homeless people—not only the mentally ill, but elderly people coming out of hospitals and nursing homes, ex-offenders released from prison, substance abusers in the process or in need of rehabilitation — are most likely to end up as sterotypical homeless "bums," sleeping in alleys and doorways, and often arrested and jailed for petty crimes. *According to service providers, 16 percent of the homeless people served in FY85 cited family conflict as their primary reason for seeking shelter.* Domestic violence, alcoholism and drug abuse often lead to separation, leaving one or more family members, not merely homeless, but urgently in need of a range of special rehabilitative services and case management. For victims of spouse abuse, facilities are far from adequate despite a growing awareness of the problem.

Last year, in Baltimore City—in one shelter alone—there were over 1,000 women, many of them with children, who could not be sheltered. Some counties have small emergency shelters specifically for victims of spouse abuse; but many jurisdictions are able to provide only motel rooms—a costly and inappropriate expedient. And length of stay is usually restricted to a few weeks, not enough time to deal with the multiple problems facing these women and their children. Currently some effort is being made to develop transitional facilities where victims of family violence may remain for several months while they stabilize their lives and look for permanent solutions to their problems.

Government response to homelessness

Recognizing the increasing numbers and diversity of the homeless population, the 1984 General Assembly initiated legislation (HB 1415) to establish a State homeless service program — The Shelter, Nutrition, and Service Program for Homeless Individuals in Maryland. Funds for the program, administered by the Department of Human Resources, were acquired from State General Funds. The bill provided $480,000 in FY85 and $502,000 in FY86 to expand and plan for services for the homeless.

In addition, the Governor appointed a 16-member Advisory Board consisting of two members from each congressional district. A varied group of representatives from community agencies, charitable organizations, private provider groups, and interested citizens, the Board is charged with the responsibility for advising the Department of Human Resources on the distribution of funds, planning, and policy issues. Since September, 1984, the Board has held monthly meetings in various jurisdictions to receive testimony from local service providers throughout the state.

HB 1415, the first significant legislative move to address the needs of homeless people in Maryland, has established the necessary framework for action. *However, government is clearly the minority partner in funding services, with more than two-thirds of all shelter services provided in FY85 funded by charitable and religious organizations and private donations.* The State supports about one-sixth of all shelter services provided and the remaining one-sixth are funded by the federal and local governments.

At present, there is no national policy or agency which addresses long-term considerations and underlying causes of homelessness. The only major commitment by the federal government to assist homeless citizens has been placed under the administration of the Federal Emergency Management Agency (FEMA)—an agency which deals with floods, hurricanes, and comparable disasters. Consistent with FEMA's orientation toward emergency services, Congress has appropriated funds for its Shelter and Food Program with stipulations that these funds be used only for emergency needs. On an ad hoc, year-to-year basis, outside the normal legislative process, Congress has appropriated FEMA funds to assist the homeless, a pattern which has inhibited long-range planning by local service providers. Also, while it does provide desperately needed dollars, the program has proven extremely cumbersome and expensive to implement. Based on a complicated voucher system, the distribution of grants requires its own bureaucracy in each state to handle all the paperwork.

Meeting the needs of Maryland's homeless citizens

Although the number of shelters has increased substantially since 1980, many people are still turned away from service. *In FY85 almost 200 people* ***per night*** *were reported turned away from shelters because of a lack of beds.* (Because many shelters do not record turnaways, the actual figure is probably much higher.) An estimated 1,700 homeless people ***per night*** do not even apply for shelter, because the appropriate facilities often do not exist in their jurisdictions. Statewide, there are 8 jurisdictions without shelters of any kind; 11 without shelters for men; 8 without shelters for single-parent families; 21 without shelters for youth; and 17 without transitional housing permitting 3 to 12 month residences. In jurisdictions where formal shelter facilities do not exist, or are overcrowded, the local departments of social services provide some emergency placements in motels or boarding houses. This response is often inadequate and inappropriate for the homeless person or family, in addition to being extremely costly.

The State Homeless Services Program represents a major commitment by the State government to address the needs of the homeless and has several important objectives, the foremost being the development of a continuum of housing options for homeless people, with a full range of case management services. While an adequate supply of permanent low-cost housing would answer the needs of a majority of Maryland's homeless and potentially homeless populations, *a substantial increase also must* *be made in the state's capacity for short term shelter and transitional housing.* More supervised facilities are needed for the mentally ill, physically disabled, and frail elderly; more halfway houses and group homes for alcoholics and drug abusers. In addition, specialized housing programs must be expanded for the growing number of battered spouses and children, runaway or abandoned youth, single men, ex offenders and two parent families. Facilities should be geographically distributed to ensure that rural as well as urban homeless citizens are being cared for, with no jurisdiction bearing an unfair burden for neighboring counties.

Almost without exception, people in need of shelter also require food and, in most cases, case management, a service which includes: referrals and sometimes more extensive help in finding permanent housing, and job training and employment; advocacy for benefits; medical and psychatric assistance; and educational and financial counseling. Not only do case management services promote a humane approach to the problems of homeless people; but they serve to minimize the length and number of episodes of homelessness experienced by any individual or family. *Thus case management should not be overlooked as a critical element in breaking the cycle of homelessness.*

Unquestionably, facilities such as emergency shelters are an absolutely essential response to the current homelessness problem. However they constitute, at best, only stop-gap, costly, relief responses; and they should not be seen as acceptible substitutes for low-cost permanent housing and supportive housing. *These alternatives must be made available to our homeless citizens if they are not to be relegated to a second-class status in our society.* Because the problems of homelessness are so closely linked with poverty, unemployment, and housing shortages, legislative intiatives are essential to: ensure an adequate supply of affordable housing; expand rent/mortgage subsidies and food programs; develop job training programs; and upgrade public assistance grants so they meet minimum subsistence levels.

There is an urgent need for cooperation and coordination among all responsible parties concerned with homelessness. *The public sector, at all levels, must assume greater responsibility for this problem and must augment funds* from the private sector. Non profit and small charitable organizations often establish vital programs, only to have them cut back or eliminated because of a shortage of funds. Within each jurisdiction, the local government, public service agencies, and private organizations can pool knowledge and other resources to ensure the most effective delivery of services. Neighboring jurisdictions, where problems may be similar, but resources somewhat limited, can work together to develop regional programs and facilities, as is currently being considered in several Maryland counties.

If the ultimate objective of the State Homeless Services Program is to reduce the incidence of homelessness, all agencies dealing with related issues such as economic development, welfare, housing, education, health care and job training must be involved in the creation and implementation of long term strategies. Unless effective action is taken to deal with the whole range of devastating social problems leading to homelessness, more and more Maryland citizens — families and young people among them — will be consigned to wander the streets, destitute and dependent on costly emergency services.